

**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)

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

## 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
Week 5	Impaired Gas Exchange	S/HS	NA	NA

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

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**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			NA	NA	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	NA	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	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		No clinicals	ECSC 1/28 DH 1/29	3T, AGE 86, DNEFT/MONIA	R AGE 62 PI STAGE 4											
Instructors Initials	NS	NS	DW	SA	HS												

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

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

**Week 4- When it came to the research of colonoscopies prior to the experience, honestly all I knew was what we learned last semester about the digestive system, so going in and physically seeing it was an eye opener and a great way to see it physically. I am already a hands on, visual learner so being able to ask questions throughout the procedure helped me understand digestive health more and the reasoning as for why someone would need a colonoscopy from reasons ranging from positive Cologuard to just routine depending on family hx and your hx. When it came to ECSC although many of the seniors did not participate, the ones that did had very limited functional skill they needed help with, but the few that needed help mainly was for like vision, and hand dexterity to be able to apply the tape to the canvas.**

Week 5- (1 a, b, c, d, e, f)-Great job this week! This week you did a great job discussing your patient's pathophysiology of her illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

**Objective**

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

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

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

**Comments:**

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

Week 5 (2a-f)- You did a nice job with your assessment this week. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused respiratory assessment and the reasoning behind your decision of focus. HS

**Objective**

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

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

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

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments: week 4- When it comes the offsite I went to DH, and ECSC I made sure to demonstrate proper hand hygiene, while in the procedure room I ensured that I stayed clear of the sterile field and gave room whenever the medical team needed to get around to ensure everything remained sterile. When it came to

**ECSC we all worked very well together and any accommodations that were needed we ensured we're put into place right away rather it be getting someone coffee, or getting a paper towel to clean up their paint, it was great team work.**

Week 5 (3 c, d, e)- You were able to prioritize your care for the day and adjust your plans when necessary, based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. (h)- You administered SQ enoxaparin. HS

**Objective**

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

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

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

**Comments:**

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS/NS

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

Week 5- I got to administer my first set up meds for this semester, it was a great experience because there were oral, IV, and enoxaparin SQ. I put 'NA' for "o & q" because my patient didn't have a continuous pump, the one antibiotic we were going to admin ended up getting discontinued and ordered PO. I did get to flush saline, and admin protonix, but I did not discontinue an IV. As far as FSBS, that wasn't required for my patient. Great job on your medication administration this week! You did a nice were able to discuss each medication and the specific indication for your patient. You did monitor the IV site before, during and after the IV push medication therefore (q) was changed to an S. HS

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			NA	S	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	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)			NA	S	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	NA	S	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	S NA	NA											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	NA	S	S											
	NS	NS	DW	SA	HS												

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

CDG	Week Completed	Initials
EBP Article: Discussing Evidence in Nursing Research		

Patient Education: Identifying and Intervening on Knowledge Deficit		
Safety: Restorative Care and Managing Potential Complications		

**Comments:**

**Week 4- Honestly, after reviewing the objectives being that I had DH and ECSC, I see that a, b, d, and e should be what I evaluate myself, however for “b” I did not need to give any handoff reports I was just observing, but I did still communicate professionally.**

**Week 4 (4e)- Great job with your clinical discussion sharing your experience while at ECSC! SA**

Week 5 (4a, b, c)- You did a nice job communicating with the patient and the primary nurse during both shifts. (e)- You did a care map this week therefore this was changed to an NA. HS

**Objective**

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

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

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

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

**Comments:**

I did not have clinicals this week, but I am looking forward to my first clinical experience of the semester next week! Starting off with something new, which is ECSC. I am excited to see how that goes and cannot wait to interact with those at the nursing home because I know small things like what we're doing means the most to them. **DW**

Week 5- When it came to education to my patient, I educated her on the importance of her bed alarm and chair alarm, she was confused whenever it would go off when she got up(to use bathroom/go to chair), I explained to her its for her safety and our awareness as well for her safety. This specific patient had 7 falls within the last 6 months so fall precautions were very important with her although she was just a standby walker, educating her helped her feel more comfortable. Although she didn't like the alarm going off, she was very understanding. As far as resources used, I just informed her based off of what we have been taught throughout the courses and preventions of falls like from our mobility training. I will be sure to look up further education if I am not comfortable with the answers I give, also just for reassurance that I am telling the correct information in the future. **Great job educating the patient! You should have stated that the source you utilized would be the textbook, that information was utilized within the mobility lab. For this competency you must state some type of resource that was utilized to obtain the information. HS**

Week 6- When it comes to education, I educated my patient on the importance of protein and why it is important when it comes to immobility and pressure injuries. Pt was paraplegic with stage 4 PI, pt was not educated on why she needed protein, she stated the doctor that sent her to hospital just kept saying "make sure you add a lot of protein to your diet". I utilized skyscape for education on protein and wound healing, after I explained to her that protein provides the necessary amino acids for growth and repair of dead skin and tissue.

**Objective**

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

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

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

Comments: Week 5- When it came to my specific patient, I would say a big SDOH factors would be that her living nursing home with a roommate may affect privacy, resting and perceived quality of care overall. Pt functional status would be that she is a stand by assist using a walker, and sometimes wheelchair at the nursing home, with needing help to open items, and uses briefs for urinary frequency. Pt had mild confusion requiring redirection, which could impact understanding and safety at times. Pt stated that the nursing home doesn't care for her as well as the hospital, which I was confused because I wasn't sure if she was in skilled facility or a assisted living either way it could impact her unmet needs in her living environment. Other than that pt has family support, which is a positive SDOH considering that it supports pt with recovery and care planning. **Mariah, it sounds like since your patient is in a care facility she does not have any current concerns regarding SDOH factors unless there is a financial concern regarding the cost of the facility. Great job reviewing the different factors to see if any of them were concerns for her. HS**  
**Week 5 (6a)- Nice job on your nursing care map. See the rubric for comments at the bottom of the tool. HS**

Week 6- When it comes to my specific patient there's not much that could influence potential issues with providing care for the patient. I would say that for being paraplegic, my patient did not allow that to change her everyday life, she still worked and was driving until about aug of 25'. Pt currently lives alone, but has help from son, however, pt is on waiting list to go to a skilled facility due to the amount of help she is going to need, she didn't want to put all that on her son. I am not sure what type of financial situation she is in, but based off the notes I was reading, pt is waiting for a bed at a new facility, so being that she can go to the nursing home I feel it will be beneficial to her in the end to help with recovery and overall care.

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. <b>Reflect on an area of strength. ** (Reflecting)</b>	S		NA	S	S	S											
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	S		NA	S	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	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		NA	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NA	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	S	S											
	NS	NS	DW	SA	HS												

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

**\*\*7a and 7b: You must address these competencies in the comments section after each clinical experience. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review**

the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”

See Care Map Grading Rubrics below.

**Comments:**

Week 1 and 2- I would say that an area of strength would be dosage calculation, I am improving by knowing the different calculations, especially with the IV calculations. An improvement I would like to see more confidence in is with ABG'S and identifying the different manifestations of each one, by mastering that I will read and rewrite them to get more practice. **Good, Mariah! I am glad to hear that you have confidence in your math calculations which will help decrease the stress of applying these in the clinical setting. Good plan for improvement with ABGs, the more practice with them, the more you will understand the interpretations. Great job during a busy first two weeks of the semester, keep up the hard work! NS**

**Week 3- No clinical**

**Week 4: overall, I had a very great start to my clinicals, I really enjoyed the offsite experience because I was able to interact with others in a different environment, during the ECSC I enjoyed being around the seniors just helping them with their word searches, or from something as simple as answering trivia questions with them. During my DH experience, it was very informative and the whole medical team were very helpful and encouraging when it came to questions I had, which I was afraid to ask because I didn't want to interrupt but the nurse ensured me that all questions are fine and that I asked great questions. As far as my strengths are concerned I feel it would be that I am comfortable asking questions, especially if it is about something I am completely unaware about. I am glad you felt comfortable to help and communicate at ECSC. SA**

**However, the weakness of that would be knowing when questions are vs are not appropriate to ask depending on the timing, what I mean by that is like I mentioned before I didn't want to feel like I was interrupting anyone, especially during a procedure. I did notice that the team had causal conversations and were laid back and when there was something urgent they knew how to prioritize so that was a great thing to see, which will help me later down the line. It can feel intimidating to speak up or ask questions. Do not be afraid to ask as this is how we learn. Remember to provide a plan for your area to improve, such as how will you prepare yourself to be better equipped to ask questions during clinical with the staff? Nice job this week! SA**

**Week 5- I would say that my strength is being able to document and finding my way around the EMR to research everything that I think is important in regard to my patients care, I feel as if the more I know about the patient the more I can assist if not, I would find help of course if I didn't know how to help. When it comes to improvements, this was my first time passing meds this semester, I plan to research the medications more thoroughly so that I have a better understanding of what the medicine is actually intended for, what I mean by that is for example antibiotics can be used for so many things, but knowing the exact reason for it being prescribed is useful to know so if anyone questions it you will know the answer. I did look up the medications the night before but not thorough enough because I thought my patient would be discharged, but from now on I am going to utilize the sheets given to write the most important things down like classifications, assessment and implementation. I knew what the medication was given for, but I need to be able to know everything about the class of medication so that I can get more comfortable with knowing the actual use. You will continue to get more comfortable passing medications with the more experiences you have throughout the semester. HS**

**Week 6- Honestly, this was the first week of clinicals I've had that I felt confident with what I did about my patients care, so I would consider that a strength. Being that I have only been on 3T I was nervous going to another floor because I didn't know what to expect, but I learned so much, I got to observe a wound vac dressing change, and I wasn't afraid to ask any questions which helped guide me to feeling more confident with understanding what's going on. An improvement I would like to work on is medical terminology, I feel it will be beneficial especially in situations where there's more terms used like for example, when I was reading notes from RT/OT I didn't know what some things meant, but I looked it up on skyscape. I would like to feel more confident knowing what is being said in notes so if I need to relay the information I can do so with confidence. To help with my medical terminology I can read my book we needed to purchase for school it has a lot of great information that I can learn a lot from.**

<b>Student Name:</b> Mariah Robinson			<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> Week 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)	3	You did a great job listing numerous abnormal assessment findings. For the future just list one abnormal Spo2 reading in the initial assessment finding, and then one in the evaluation box. Great job listing several abnormal lab values and diagnostic tests. Great job on the risk factors for the patient. HS
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You listed 5 nursing priorities specific to the patient. A couple others to consider would be risk for falls, and risk for injury. Nice job on your goal for the patient! You highlighted the appropriate related data to support your top priority problem. You listed 3 potential complications for the top priority along with several symptoms to monitor the patient for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Res	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You provided a list of 10 nursing interventions. Some of the listed interventions were not specific to a

<b>pondering</b>	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	priority problem of impaired gas exchange such as using a walker to prevent falls, and monitoring the IV site for infection. Both of those are important just not specific to the top problem. Remember when prioritizing interventions, they should be in the following order: assessing, doing, educating. Be sure when listing medications, you put them just as they were ordered for the patient and include a dose and frequency. Most interventions had a frequency just a couple were missing. HS
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
<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	1	You reassessed some of the abnormal assessment findings but not all of them you also did not reassess the abnormal lab/diagnostic findings. Each highlighted area from the assessment and lab/diagnostic boxes should be reassessed in the evaluation of the top priority. HS
	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>	Complete			Not complete	3	

### 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:**

**Mariah,**

**Total Points: 40/45**

**Faculty/Teaching Assistant Initials: HS**

**Nice job on your nursing care map! You included a lot of great information, and selected an appropriate top priority problem. The main area to focus on for the next care map would be the interventions, making them specific to the top priority problem, and then re-evaluating all abnormal findings from the first two boxes. Nice job overall! Please reach out if you have any questions regarding the feedback. HS**

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

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

**Reference**

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

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

**Total Points:**

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**Faculty/Teaching Assistant Initials:**

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

Student name: <b>Mariah Robinson</b>								
<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: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/6/26	<b>Date:</b> 1/6/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/9/26	<b>Date:</b> 1/16/26	<b>Date:</b> 1/16/26	<b>Date:</b> 3/10/26
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>MD</b>	<b>KA/RH</b>	<b>KA/DW/HS</b>	<b>MD/NS/RH</b>	<b>NS</b>	<b>RH</b>	<b>KA</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NS</b>	

\*Course Objectives

**Comments:**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/26 as well as the assigned IV Math practice questions and the IV Math Application Lab on 1/8/26. KA/DW/HS

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, Foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. NS

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Very smooth. Great job. 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

<b>Student Name: Mariah Robinson</b>					
<b>Performance Codes: S: Satisfactory U: Unsatisfactory</b>			<b>Evaluation</b>	<b>Faculty Initials</b>	<b>Remediation Date/Evaluation/Initials</b>
<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	100%		
<b>Date:</b> 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	<b>S</b>	<b>HS</b>	<b>NA</b>
		DCE Score	100%		
<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