

**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)
1/21/2026	6	Missed clinical due to illness	TBD

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Week	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
Week 5	Impaired Tissue Integrity	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S										
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	5T: 95-year-old male; Right superior closed public	3T: 78-year-old male/82-year-old female; Altered	4N: 78-year-old male. DKA/Ischemic Bowel	3T: 66-year-old female. CHF/COPD	5T: 84-year-old male. COPD Exacerbation										
Instructors Initials	DW		MD	HS	NS	SA											

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3 Rehab Objective 1 A-E: This week you were able to analyze your patient's pathophysiology, correlate symptoms, diagnostic testing, pharmacotherapy, and medical treatment with their diagnosis of a fracture! You did a great job with discussing how these all related together to provide the patient with appropriate nursing care! Great job! MD

Week 4 (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of both patients that you cared for on each day. 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

Week 5 1(a-h) – This week you did a great job conducting research to make correlations between your patient's health alterations and the nursing care required. You were challenged with a very complex patient situation that required extensive thought, nursing care, and collaboration. In our discussions, you were able to identify and discuss the pathophysiology involved with his admitted diagnosis of DKA and subsequent bowel ischemia requiring multiple surgeries to remove most of his small intestine. For DKA, you were able to interpret his lab results, including ABGs during his time spent in the ICU. You demonstrated understanding of DKA and the complications that arose during his hospitalization. During the two days caring for him, you were able to correlate the signs and symptoms he was experiencing in the post-operative period, including abdominal pain, difficulty/painful swallowing, altered mental status, edema, and altered skin integrity. Diagnostic tests were analyzed and reviewed through research of his chart. You were able to interpret several lab findings pertinent your priority problem, including altered glucose values, anemia, low protein/albumin, WBCs, and much more. You were able to observe a paracentesis procedure, understanding the medical management of the increased fluid in his abdominal cavity as a result of anastomosis perforation. For his DKA, you discussed the use of an insulin gtt and subsequent high doses of subQ insulin. Nutritional needs were correlated, understanding the purpose behind TPN due to his limited absorption ability in the small intestine as a result of only having 75cm of the small intestine left after surgery. You discussed the importance of adequate nutrition for tissue integrity, healing process, and immune system support. This is just a small portion of the correlations that you made throughout the week. Great job caring for a very complex patient and demonstrating your growing clinical judgment. NS

Week 6: (1a-h) Nice job making connections with your patient's diagnosis and their disease process. You were able to also discuss how each of their medications related to their diagnosis and how it would assist with their plan of care. Your CDG of education provided was appropriate to your client's medical history and supported guidance to aide them with their care plan. SA

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

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

Comments:

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

Week 3 Rehab Objective 2 D, F: Great job 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

Week 4 (2a-f)- You did a nice job with your assessment this week, especially with a patient that had confusion and had previously been challenging for staff. You were able to communicate with her and perform all of the necessary care. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 5 2(a,c,e) – You conducting through assessments this week, noticing numerous deviations from normal. You listed several abnormal assessment findings in your care map this week, demonstrating a comprehensive assessment was performed. Some assessment findings that you noticed include: shallow respirations with grunting, altered skin integrity, generalized weakness and lethargy, dryness and white patches in the oral cavity, hypoactive bowel sounds with distention and tenderness, presence of a

wound vac, presence of a PICC line, and much more. You were able to use your assessment skills of inspection, palpation, and auscultation throughout the week. You prioritized his skin assessment, understanding the risks of worsening skin breakdown. On assessment you noticed redness to his heels due to immobility, and implemented nursing interventions such as offloading pressure and frequent position changes to maintain skin integrity. In our discussions, you were able to identify pertinent priority assessments based on his condition, including gastrointestinal, integumentary, and neurological assessments. Well done! NS

Week 6: (2a-f) You performed a full head to toe assessment on your client as well as a fall, IV, safety, and wound assessments. You focused on the client's skin and provided thorough education. You were able to communicate any abnormalities in your assessment to myself and the primary nurse as well. You charted all your findings in the EHR appropriately. SA

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

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments:

Week 3 Rehab Objective 3 A, B, C, D: This week you had a difficult therapy schedule on Thursday. Your patient went to therapy right at 0700 and you had to give medications at the completion of therapy along with your assessment and vital signs. You did a fantastic job prioritizing your care, completing each effectively, skillful, and safely while using appropriate standard precautions. Great job! MD

Week 4 (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. You assisted others with caring for their patients after your patient had been discharged. HS

Week 5 3(b,c,d) – Again, this was a challenging and complex patient situation. You rose to the challenge and provided excellent nursing care. In performing nursing skills, you demonstrated competence with each. Despite numerous family members being present during most of your care, you remained composed, demonstrated confidence, and implemented an effective plan of care. You were prompt in addressing his needs, prioritized his skin integrity throughout the week, and communicated your findings promptly with the healthcare team. NS

Week 5 3(f,g) – Due to your patient’s increased risk of infection, asepsis was pertinent related to his PICC line, wound vac, and foley catheter management. When caring for the indwelling catheter, you ensured cleanliness, prevented dependent loops, and implemented additional interventions to decrease the risk of CAUTI. While managing the indwelling urinary catheter, you noticed the extra “cord” that was present for core temperature monitoring. You asked appropriate questions and learned more about tools utilized in the ICU setting. NS

Week 5 3(h) – DVT prophylaxis was implemented with the use of SCDs and administration of heparin subQ. You understood the rationale and risks associated with low-molecular weight heparin and demonstrated competence when performing the injection. You understood his risk factors for developing a DVT and correlated the nursing care required. NS

Week 6: (3a-f, h-j) You used standard care precautions and recognized need for assistance by asking for help when needed and helping other nurses with other patients as well. You did great prioritizing assessments and tasks with your client this week. Great job administering subcutaneous heparin per orders and following DVT prophylaxis protocols. SA

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

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

Comments:

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

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

Week 3 Rehab Objective 3 K, L, M: While administrating medications, you were able to identify the rights of medication administration as route, dosage, patient, time, medication, indication, 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. You administered oral medications to your patient and were able to discuss them with him prior to administration. Great job! Keep up the great work! MD

Week 4 (3k, l, m, q)- You did a nice job with medication administration this week! You had a challenging patient, but were still able to administer the oral medications. You were able to administer several PO medications. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. (r) You were able to perform a FSBS. HS

Week 5 (3k-r) – You did a great job with your medication administration this week and were able to gain experience with several skills related to IV medications. I thought you handled a somewhat difficult administration process very well this week. Due to his mental status and painful swallowing, it required time and patience, ensuring that pills were safely swallowed. Based on what you witnessed with speech therapy and the pain he was experiencing, you made the best decision to administer only one PO medication to promote comfort, good use of clinical judgment. You were prepared to discuss each medication, including the classification, indications, side effects, and nursing implications for each. You were able to administer PO medications, eye drops, multiple subcutaneous injections, including insulin, performed a saline flush, reconstituted and administered an IVP, and programmed and maintained continuous IV infusions. You also had the opportunity to regulate the IV flow rate of the maintenance by programming it in the pump accurately, documented IV intake, and implemented effective infection control measures. With each medication, you observed the rights of administration and performed three safety checks. You effectively utilized the BMV scanning system for each medication to promote safety. You confirmed that the correct dose was removed and administered, including review of short acting insulin protocol. Overall, you did a great job! NS

Week 6: (3k-n,p-r) This week you performed medication administration. You identified all medications and were able to provide an analysis of all medications administered including type of medication, side effects, and nursing care performed after administration. You also performed all checks prior to administration to ensure you were giving the correct dosages of each medication to the correct patient. You were able to scan all medications in the MAR and chart them appropriately. You administered PO, SQ, IV push, IV flush, and topical medications. You took your time assessing them with each pill and appropriately gave subcutaneous injections assuring safe administration and completed an IV administered medication successfully and evaluating the IV site as well as client. Great job! SA

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:			S	S	S	S	S										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S										
b. Communicate professionally and collaboratively with members of the healthcare team or next provider of care using clear, organized hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S										
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	S										
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S NI	N/A										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	S										
			MD	HS	NS	SA											

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

CDG	Week Completed	Initials
EBP Article: Discussing Evidence in Nursing Research	Week 4	HS
Patient Education: Identifying and Intervening on Knowledge Deficit	Week 6	SA
Safety: Restorative Care and Managing Potential Complications	1/21-22/2026	MD

Comments:

Week 3 Rehab Objective 4 E: This week for your CDG you selected the topic of Restorative Care for your patient with a pubic fracture. You successfully discussed the potential complication for a pulmonary embolism (PE) and that he is at a higher risk due to a previous history of PE. When identifying priority assessments and interventions you discussed symptoms of early signs of a thrombosis along with medication and nursing interventions to decrease the patient’s risk for a thrombosis. You were able to determine your patient’s functional ability prior to the fracture and well as where he is now with his abilities. You were able to identify different interventions that you completed to assist with restorative care including sitting up for meals, supporting PT by encouraging range of motion, and adequate pain management. You provided a satisfactory CDG with a reference, in-text citation, and adequate word count. Fantastic job, Sam! MD

Week 4 (4e)- Great job on your CDG this week! You were able to find an article that pertained to both of your patients that you cared for this week. Delirium is defiantly a concern for hospitalized patients especially those that have dementia. Nice job, you satisfactorily met the CDG requirements for the week. HS

Week 5 4(a,b) – Communication was a strong suit of yours this week! You were challenged with providing care with NUMEROUS family members in the room. While this can be overwhelming at times, I thought you handled it well and remained composed. You incorporated the family members in the plan of care and demonstrated good understanding of caring for family and patient as a unit. Although your patient wasn’t overly talkative, you were able to effectively communicate the care being provided to both him and his family so that they understood the plan of care being implemented. You also had the opportunity to communicate and collaborate with several members of the health care team, demonstrating strong communication and professionalism. You were in constant communication with the assigned RN, gained experience collaborating with the blood bank, and also had the opportunity to participate in a paracentesis procedure with interventional radiology. A great week of communication and collaboration! NS

Week 6: (4-f) You did a good job staying in communication with the nurse caring for your client this week. You were able to use SBAR communication to keep the nurse informed of the care you provided and if there were any changes. You did great with your clinical discussion post and finding education topics that related to your client this week. Unfortunately, I had to change (4e) to an “NI” as the discussion this week was missing an in-text citation. SA

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:			S	S	S	S	S										
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	S										
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S	S	S										
			MD	HS	NS	SA											

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

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

Comments:

Week 3: 5a/5b: Education related to respiratory health and airway clearance (proper deep breathing/coughing techniques such as slow deep breaths through the nose then holding it for a few seconds before exhaling, as well as controlled coughing to help mobilize secretions) was provided to my patient through discussion and demonstration. This was necessary for my patient as he was not very mobile due to his age and fracture, and I noted crackles in his lungs upon auscultation which led me to this form of education. I retrieved appropriate instructions from skyscape, and I utilized the teach back method to validate learning. **Excellent! This is awesome education for your patient this week! MD**

Week 4: 5a/5b: Education related to safety and fall prevention (utilizing the call light before getting up, maintaining proper gait/walker placement, applying yellow socks before ambulating,) was provided to my patient through discussion and demonstration. This was necessary as both of my patients had fallen prior to admission. Although both of my patients had some confusion at baseline, I was proactive in educating and reminding both of my patients about fall safety and techniques. I retrieved appropriate instructions from Dynamic Health, and I utilized mostly verbal confirmation with some of the teach-back methods where applicable. **Great job! Yes, it can be challenging especially when patients are confused to make sure fall precautions are maintained that is why alarms are essential in those instances. HS**

Week 5: 5a/5b: Education related to adequate intake of nutrients and fluids (small, frequent sips with low appetite/thirst to support circulation and help deliver nutrients to tissues, importance of supplemental drinks (Boost/Ensure) for maintaining adequate protein, calorie, vitamins alongside TPN for optimal recovery). This was necessary for my patient as he was post small bowel resection at high risk of nutritional deficiencies due to the lack of small intestine for nutrient absorption. Further education was provided as my patient had not been supplementing his continual TPN with any PO intake, as such I educated my patient on the importance of even small portions/liquids. I retrieved appropriate instructions from skyscape, and I utilized patient verbal confirmation and assessed comprehension of the provided education. **Very good, Sam! This was challenging, because your patient was reluctant to eat due to several factors, but needed adequate nutrition for strength, wound healing, and immune support. While the TPN will provide nutrients, it is not effective as natural absorption through the intestines. Good job prioritizing this education! NS**

Week 6: 5a/5b: Education related to diabetes process, chronically high glucose impact, and medication adherence (maintaining consistent insulin injections and monitoring multiple times per day, eating clean/low processed meals, importance of keeping glucose levels low to increasing tissues perfusion/decrease infection risk/increasing healing times). This was necessary as I identified my patient as deficient in knowledge pertaining to ger diabetes diagnosis and processes, as well as my patient having many chronic illnesses putting her further at risk for complications. I retrieved appropriate information and instructions from skyscape, and I utilized easy to understand verbal communication/confirmation, as well as the teach back method to ensure comprehension of the education provided. **Great recognition to your client's deficits of knowledge. They will be able to take your education after discharge and continue these healthy eating habits! SA**

Week 7: 5a/5b: Education related to VTE prevention (Prophylactic medication use: Apixaban (Eliquis) and related instructions, SCD's/TED hose use, frequent ambulation, adherence to HF and other disease related medications to decrease risk). This was necessary as my patient had been diagnosed with COPD (increased risk d/t: immobilization during exacerbation, chronic inflammation promoting hyper coagulant state) and had a history of heart failure (increased risk d/t: venous stasis, reduced mobility, chronic vascular stress promoting clot formation) which both can greatly increase my patients risk of developing a VTE. Additionally, my patient was of advanced age and had not understood the importance of frequent ambulation in combination with other forms of VTE prevention. I retrieved appropriate instructions from Dynamic Health, and I utilized verbal confirmation, teach back method, and overall assessment of education comprehension.

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

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

See Care Map Grading Rubrics below.

Comments:

Week 3: 6b: There were multiple factors related to social determinants of health noted when reviewing my patient’s information. My patients advanced age, limited mobility caused by his pubic fracture, and history of chronic illness were identified as social determinants of health that could influence the planning of recovery and discharge. Due to these factors, my patient had become substantially reliant on others for activities of daily living which placed him at risk for decreased independence. These factors also had the potential to influence patient care such as an increased emphasis on fall prevention, encouraging safe mobility, and coordinating with other members of the healthcare team to determine support needs. **What other factors could play a role? Maybe family support? What kinds of resources could you provide for him to have a positive outcome? MD**

Week 4: 6b: There were multiple factors for both of my patients related to social determinants of health after reviewing each of their information. My patient on day one had a medical history of dementia, and as he was found unresponsive due to a critically low blood sugar level many different determinants come to mind. First, cognitive impairment and medication management are two notable problems my patient is facing as his dementia more than likely played a role in the mismanagement of his blood sugar. Additionally, my patients living situation, food security, and social support should all be reviewed to determine if my patient has a safe environment to return to. My patient on day 2 had a medical history including stage 4 CKD, gout, and a baseline of confusion contributable to dementia. My patients’ functional limitations and disability should be addressed as her chronic kidney disease as well as evident dementia symptoms place her in a state of decreased mobility, judgement and an increase for future

falls. Also access to healthcare, economic stability, and health literacy are further determinants which should be addressed as the cost and involvement to manage stage 4 chronic kidney disease and gout is high, with possible caregivers being needed around the clock. **Great job! You identified several SDOH factors for both patients. HS**

Week 5: 6b: There were multiple factors related to social determinants of health for my patient following review of his information. My patient was found home alone with a critically high glucose level, as such my patients' living conditions and social support should be reviewed as my patient may need more frequent or constant support for medication adherence, wound care, or meal preparation depending on patient ability at discharge. Additionally, my patient's health literacy should be determined regarding not only his uncontrolled diabetes, but also the education on the TPN my patient will likely have to constantly infuse permanently due to his limited small bowel length/surface area. **Good reflection on SDOH! He seemed to have very supportive family members that check up on him, but he doesn't have the motivation to manage his health concerns. His care complexity will certainly be a concern upon discharge and his lack of understanding/motivation will impact his outcomes. Good thoughts. NS**

Week 5 6(a) – Satisfactory care map submission on the top priority nursing problem of impaired tissue integrity. See the attached grading rubric below for more details. NS

Week 6: 6b: I identified multiple factors related to social determinants of health for my patient following my clinical experiences. My patient had a very high A1C level indicating a chronically high level of glucose and a poor adherence to treatment regimens. Due to this, social/familial support, living conditions, and ability to attain proper nutrition should be determined if my patient is desiring to go home (a desire stated by the patient upon discharge). Additionally, as I had already provided education on one disease or issue, I believe my patient's health literacy should be assessed as the increasing number of chronic conditions only adds medications and necessary steps of which my patient may likely not follow without support. **Nice recognition of their SDOH. What resources could we utilize within the hospital to ensure she can continue staying involved in her plan of care at home to make sure she is getting nutritional meals? SA**

Week 7: 6b: During my clinical experience, I was able to identify a few social determinants of health related to my patient upon review of his information and history. My patient did not seem adequately educated on the issues he was experiencing, as such I believe his health literacy should be reviewed to determine if more education must be provided in order to improve his future health outcomes. Additionally, as my patient had been newly diagnosed with COPD, his health literacy as well as access to healthcare/transportation should be reviewed as he will likely need subsequent follow up visits. A good social support system should also be determined as my patients advancing age will likely come with furthering deficits or challenges with many aspects of disease management.

S

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	S	S										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	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	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S										
	DW		MD	HS	NS	SA											

**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 3

7a: An area of strength this week was my head to toe as I was able to perform the entire assessment thoroughly and without issue or need for assistance. **You did an excellent head to toe! MD**
7b: An area for improvement would be my documentation and use of Meditech, while I am familiar with more PCT aspects of charting, I have not had much experience with the nursing side. I will review any handouts I have from previous Meditech lessons throughout the week before my next clinical. I will also talk with other faculty if I need further assistance or clarification before my next clinical. **Excellent! The nursing portion is a bit of a different spin on the PCT documentation! MD**

Week 1

7a: I came prepared for each lab activity through reviewing lesson materials and book content. **In order for you to get the most of each learning experience, preparation is so important. I am glad you are realizing this. Keep up the great work! DW**

7b: I was not very confident with the procedure for mixing insulin, I will review the handout and class material regarding the proper procedure for insulin mixing going forward. Additionally, I will reach out to faculty with any further questions. **Good idea! This likely won't happen that often now that we have insulin pens. With that said, it would be good to review again and know where appropriate resources are for the future. Sam, you are doing a great job! I have one suggestion for future improvement of goal writing. In the green highlighted section above, it reminds you that each goal should include what, how, and by when. For your goal, you include what and how. The third piece is including that you will complete this goal before the next clinical or another time specifically identified in the near future. This keeps you moving forward and avoids having significant knowledge or skill gaps at the end of the semester. DW**

Week 3 Rehab Objective 7 C-H: Sam, this week has been a great experience witnessing your first week in the 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 4:

7a: An area of strength this week was my documentation as I was able to efficiently and thoroughly complete nearly all charting needs without error. Great job! HS

7b: An area for improvement would be my education administration/application as I often struggle to properly explain certain actions or procedures that need to be followed while also keeping it simple and easy to follow. I will review different issues which I could have educated past patients on and form various education outlines to strengthen my abilities before my clinical next week. Additionally, if I have further questions or request for feedback I will email or discuss the issue with an instructor this week before my next clinical. This process will continue to get easier with each experience that you have. However, it can also be challenging depending on a patient's cognitive abilities as well and how much they are able to understand. HS

Week 5:

7a: An area of strength this week was my medication administration as I was able to properly draw up and administer multiple medications with little to no issues. **Good strength to note, Sam! You had the opportunity to administer medications via several different routes. You seemed confident in your abilities and had a good understanding of what was required. Great job! NS**

7b: An area for improvement would be my time management skills in relation to charting, patient care, medication information/education, among other related tasks. I will improve my skills by discussing priorities with an instructor by next clinical and apply my knowledge to subsequent clinical days. **We discussed this during your clinical week, identifying how a complex patient with significant care needs can be time consuming. At this level, I am happy that you are aware of the importance of time management and how it can impact decision-making and planning. However, I also think it was important that you spent the time performing all the care that you did. Build those skills first, then time management for multiple patients will come. You will also have the ability to delegate, cluster care, and collaborate with other health care workers. Good thoughts! Keep up the hard work. NS**

Week 6:

7a: An area of strength this week was my medications preparation and administration. While I felt somewhat confident last week, I was much calmer throughout the administration/injection process and encountered no issues. **You did a great job with all of your various medications you administered! SA**

7b: An area for improvement would be my charting efficiency. While I can accurately chart the proper information, it takes me quite a while to do so which can put me in limited time situations especially in the future. I will improve my skills by reviewing my EMR handouts, and supplementing with computer lab practice if necessary by next clinical. **Efficiency in charting will improve the more you get familiar with the processes. Your time management was handled well and all documentation was appropriate! Great job this week! SA**

Week 7:

7a: An area of strength this week was my patient education as I felt very confident and comfortable explaining how VTE's can form/be prevented and was able to answer a few follow up questions by the patient

7b: An area for improvement would be my timeliness for clinical itself, which improving on will help me for both future clinical and my career as a whole as timeliness demonstrates professionalism and a readiness to learn. I will improve this issue by setting earlier alarms and maintaining a more consistent sleep schedule, especially on nights before clinical. I will carry out these improvement strategies before my next clinical experience.

Student Name: Sam Daneker		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: 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	A thorough list of assessment findings are provided, including subjective and objective data collected during the patient care experience. Fourteen abnormal assessment findings are listed with specific details. Labs and diagnostics were reviewed closely. Twelve abnormal findings were listed with specific results. Pertinent risk factors were identified based on the patient's social and medical history. Consider a few additional risk factors that are relevant to his situation: social isolation – lives at home alone, non-compliance with diabetes management – numerous admissions with DKA, age – older adult puts him at risk for health disparities, hyperlipidemia – can impact tissue perfusion. Just some additional ones to consider related to his situation.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Four nursing priorities are identified and listed based on the patient care experience. I took one point off for this section because there were several other pertinent priorities I want you to consider. Some additional ones to think about: impaired swallowing, acute pain, delayed wound healing, acute confusion, self-care deficit, for more physical priorities. Also, consider his psychosocial/mental priorities, such as risk of hopelessness. Just to get you thinking a little bit deeper! A realistic and appropriate goal statement is provided, directly related to the priority problem of impaired tissue integrity. Great job describing an attainable goal based on his underlying condition. Relevant data from the noticing section were correlated to the top priority problem
	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	

							and highlighted appropriately. Based on the problem of impaired tissue integrity, three high priority complications related were identified and supported with specific signs and symptoms to monitor for.
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A thorough and detailed list of nursing interventions is provided. Great job! Listed interventions are prioritized appropriately, with assessments taking highest priority. Each listed intervention includes an appropriate frequency. Listed interventions are individualized to the patient including specific medication orders, and are realistic to the situation.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Appropriate rationale is provided for each listed intervention.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	A thorough evaluation that includes updated findings and care needs is provided. Based on the results, it was appropriately determined to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

Total Points: 44/45 – Satisfactory

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: Sam, great job with your care map submission for the priority problem of impaired tissue integrity. You were able to apply what you learned in the clinical setting and identified important aspects of a nursing plan of care to consider. You have received 44/45 points for a satisfactory evaluation. Your 1 required care map submission prior to midterm is now complete. Remember, you will submit one more satisfactory care map before the end of the semester. Don't hesitate to reach out with any questions/concerns. Keep up the hard work! NS

Faculty/Teaching Assistant Initials: NS

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: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		

Reference

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

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

Student name: Samuel Daneker								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: S: Satisfactory U: Unsatisfactory	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: 1/14/26	Date: 1/14/26	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. RH

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 one prompt related to returning the oxygen to the previous setting once suctioning is completed. Otherwise, no additional prompts were needed for trach suctioning. During trach care, you did not require any prompts, well done. You were efficient, confident, and communicated well with your “patient” throughout. 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: Samuel Daneker					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation	Faculty Initials	Remediation Date/Evaluation/Initials
Date: 1/26/26	Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	S	MD	NA
		DCE Score	86.4		
Date: 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	S	MD	NA
		DCE Score	95.8%		
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