EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Michael Ingram

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)
1/24/26	2 hours	Late DH and IC surveys	1/26/26, 2 hours
2/11/2026	6 hours	Missed Clinical	

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
2/4/26	Impaired Gas Exchange	S KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA									
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control / Digestive Health	Rehab. 78 y/o with L5 Compression Fracture.	3T. 89 y/o with SOB on exertion and suspected [illegible]	4N. 66 y/o with C3-C5 spinal stenosis.	3T, 40 y/o with recurring acute pancreatitis.	NA									
Instructors Initials	**KA**	**KA**	**DW**	**MD**	**KA**	**NS**	**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 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 L5 compression 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 5 – 1a-h – You did a nice job discussing on clinical and in debriefing your patient's pathophysiology, signs and symptoms, diagnostic studies, medications, medical treatments, and their current diet/nutritional needs and how it correlated to their admitting diagnosis. You were able to discuss your medications on clinical and researched their purpose, side effects, and related nursing interventions before administering medication to your patient. You came to clinical on time and prepared to care for your patient diagnosed with pneumonia. KA

Week 6 1(a-h) – Nice job this week making correlations between your patient's health alterations and the nursing care required. This week you cared for a patient that was admitted with dizziness, blacking out, and falls at home. You were able to review the imaging that was performed, noticing the abnormalities identified on the head CT. We discussed the differential diagnoses that the physician was considering, and the subsequent cervical neck CT that was performed after severe canal narrowing was identified on the brain MRI. You were able to correlate his admitting symptoms of blacking out, gait abnormalities, and upper extremity weakness to the CT findings of severe stenosis, bulging discs, and facet hypertrophy. You did a great job correlating the prescribed pharmacotherapy for his current and past medical history. You demonstrated good research of his chart, identifying his history of stomach cancer and correlating his prescription of famotidine. You also were able to correlate the prescription of stool softeners related to his recent surgery and impaired mobility. The medical treatment of the surgical procedure was discussed, including the importance of maintaining the supportive neck collar to prevent misalignment and disruption of the hardware placed during surgery. Great job researching and discussing your patient this week! NS

Week 7 (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 did a great job digging into lab values this week and determining their significance. 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
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	S	S	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S	S	S	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	S	S	S	NA									
d. Communicate physical assessment. (Responding)			NA	S	S	S	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S	S	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**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 4 Rehab Objective 2 D, F: Great job communicating your physical assessment and accessing the electronic information/documentation of patient care! Keep working hard to continue gaining more confidence and skill with communicating and documenting as a nurse! MD

Week 5 – 2 a-f – You did a nice job completing your physical assessment. You recognized abnormal assessment findings and documented them appropriately. You made sure your patient was on high risk fall precautions and ensured they were utilized throughout your day as you cared for them. You encouraged your patient's autonomy by not turning on alarms based on patient refusal of this intervention for high fall risk. You utilized the EMR to research your patient and ensured your assessment findings were documented appropriately. You did a nice job documenting and made changes when needed promptly. KA

Week 6 2(a,e) – Good work with your assessments this week, noticing numerous deviations from normal during your head to toe assessment. During assessment, you noticed: limited ROM of the beck with a neck collar in place, limited vision with the use of glasses, tinnitus in bilateral ears, missing teeth with the use of dentures, expressed feelings of depression, dyspnea on exertion, difficulty clearing secretions, wheezes and crackles upon lung auscultation, numbness and tingling in the left

extremities, abnormal gait with the use of a walker, constipation, and hypoactive bowel sounds. You were able to analyze appropriate priority assessments to perform, specifically focusing on neurovascular and musculoskeletal assessments. NS

Week 7 (2a-f)- You did a nice job with your assessment this week. You 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 on her gastrointestinal system, and her pain. You were able to identify hypoactive bowel sounds. 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
Competencies: a. Perform standard precautions. (Responding)	S		S	S	S	S	S	NA									
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	S	S	S	NA									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	S	S	S	NA									
d. Appropriately prioritizes nursing care. (Responding)			NA	S	S	S	S	NA									
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S	S	NA									
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	S	NA									
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA									
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	S	S	S	S	NA									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		NA	S	S	S	S	NA									
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	S	S	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**HS**										

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

Comments:

Week 4 Rehab Objective 3 A, B, H: This week you were able to administer enoxaparin! You did an awesome job with appropriate standard precautions, demonstrating skillful and safe administration by discussing subcutaneous medication administration and completing the skill proficiently. You were also able to identify how the medication related to DVT prophylaxis! Great job! MD

Week 5 – 3 a-f – You did a nice job ensuring standard precautions were utilized throughout your day when caring for your patient. You worked well with your classmates to assist one another when needed. You managed a patient on oxygen and monitored their SpO2 to ensure oxygen therapy was effective and recognized that this was ordered for home usage and would not impede discharge. Your patient was on a fluid restriction and you kept accurate documentation on the patient's intake and output to make sure that the patient stayed within the prescribed fluid restriction. You spent time with your patient and allowed him to discuss his concerns with you as a caregiver of a spouse with Alzheimer's. KA

Week 6 3(b,c,d) – I was impressed with your independence, prioritization, and management of care this week. You were thorough and timely in your assessments, ensuring information was documented accurately in the chart. You were confident in your nursing skills, performing them safely and competently. You prioritized your care appropriately, ensuring all care needs were met in a timely manner, allowing you the opportunity to learn from your peers' experiences as well. You utilized downtime efficiently, researching the patient's chart, making correlations, and enhancing your clinical judgment. NS

Week 7 (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 able to prioritize her pain and nausea when planning her care for the day. You were available to help others when needed, and ask for assistance when needed. (h)-You were able to administer SQ enoxaparin for DVT prophylaxis. 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
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	S	S	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	S	S	S	NA									
m. Calculate medication doses accurately. (Responding)			NA	S	S	S	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	~~NA~~ S	NA	S	NA									
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA									
p. Flush saline lock. (Responding)			NA	NA	S	NA	S	NA									
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	~~NA~~ S	NA	~~NA~~ S	NA									
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**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 3 Rehab Objective 3 K, L, M: While administering medications, you were able to identify the rights of medication administration as patient, route, time, dosage, medication, documentation, and the right to refuse. You were able to discuss your patient's medications in correlation to why they are taking them, side effects, and nursing

interventions to perform for each. This week, you administered oral medications and one subcutaneous medication. You did an awesome job providing step by step instruction on how to administer the subcutaneous medication and performing the administration! Awesome job! Keep up the great work! MD
Week 5 – 3 k-m – You did a nice job administering medications this week. You looked all medications up before administering and ensured the rights of medication administration were followed. You had the opportunity to administer PO and IV medications this week. You checked the patient's labs and vital signs to ensure no medication needed to be held before administration. You made sure all medications were properly documented in the eMAR and updated your nurse when the process was complete. KA
Week 5 – 3n –You had the opportunity to administer IV push medication this week. You checked patency of the patient's IV before starting the slow IV push. You administered the medication over the prescribed amount of time and flushed the IV site at the conclusion of the administration. You continuously monitored the site for patency and ensured the medication did not infiltrate during the administration process. KA
Week 5 – 3p – You had the opportunity to flush your patient's IV site before and after medication administration. You ensured patency even though you did not see blood return with aspiration. Nice job! KA
Week 5 – 3q – You did a nice job monitoring your patient's saline lock for complications and documenting your IV site assessment in the patient EMR correctly. Terrific job! KA

Week 6 3(k,l,m) – Good work with your medication administration this week. You were prepared to discuss each medication, including the classification, indications, side effects, and nursing implications for each. Your research on medications was very thorough this week, demonstrating knowledge of the medications without a sheet to refer to. You were able to administer two PO medications. I thought you did an excellent job educating your patient on a medication he was not familiar with or did not understand why he was prescribed. Instead of simply stating "patient refused" you took the opportunity to educate him on what the medication was for using good communication techniques. You were able to discuss his past medical history and rationale for the medication, encouraging compliance without being "pushy." It was obvious that your patient was receptive to your approach as he then stated he was willing to take the prescribed famotidine. Great job using a caring approach to providing education to help promote positive outcomes with medication administration. You also noticed that your patient had two pills on his bedside table from the previous day. You used this observation to alter your approach, standing with the patient and educating him that you needed to see him safely swallow each medication before moving on. Good job with medication safety this week. 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. Great job! NS

Week 7 (3k-q)- You did a nice job with medication administration this week! You were able to administer several PO, an IV push, IV flush, and two SQ medications. You monitored the IV site before, during, and after the IV push administration. 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. 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
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	NA									
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	NA									
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	S	S	S	NA									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	NA									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	~~S~~ NA	S	S	NA									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	S	S	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**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	Week 7	HS
Patient Education: Identifying and Intervening on Knowledge Deficit	Week 6	NS
Safety: Restorative Care and Managing Potential Complications	1/28-29/2026	MD

Comments:

Week 4 Rehab Objective 4E: This week you completed the Restorative Care and Management Potential Complications CDG! You identified that a possible complication for your patient with an L5 compression fracture could be pressure ulcers based on impaired physical mobility. You discussed assessing for fall risks, pain, integumentary for skin changes and how they all related to the possible complication. You noted that her baseline included moderate assistance with ambulating with a walker or using a wheelchair related to her history of COPD/asthma and Parkinson's. For restorative care, you were able to assist her with dressing, education on mobility, and encouraged her independence and performance in PT/OT. You indicated that barriers to care could include the gender differences between both of you along with her irritation of being in the hospital. Additionally, you provided two great references and in-text citations and a satisfactory length CDG! Fabulous job, Michael! MD

Week 5 – 4 a-d, f – You worked well with classmates, assigned RN, and staff members to provide care for your assigned patient. You received report for your patient and asked questions as needed. You utilized the EMR to research information on your patient and ensured confidentiality was maintained. You provided an SBAR to your nurse when reporting off and made sure all pertinent information was passed on before leaving. KA
Week 5 – 4e – You completed your care map this week versus posting responses to one of the 3 clinical discussion questions. KA

Week 6 4(a,b) – You demonstrated impressive communication and emotional intelligence in your interactions with patients this week. Your first assigned patient was resistant to your care; however, you remained professional and conducted your assessment to the best of your ability You verbalized the patient's concerns, advocating for his request to not have a student present in the room. Instead of taking this personally, you understood where he was coming from and politely notified faculty. This resulted in changing of the patient assignment. You were willing to adapt on the fly and collaborated with the assigned RN to receive a new hand-off report. You continued your strong communication with your second assigned patient, promoting professionalism in each interaction. As previously mentioned, you utilized strong emotional intelligence and communication in discussing medication administration. Your patient was hesitant to take a medication he was unfamiliar with, leading to refusal. You were able to use education through communication to discuss why he was refusing while identifying the intended benefits and effects. This led to your patient having a better understanding of the medication and willingly taking it to promote positive outcomes. NS

Week 6 4(e) – You provided a detailed and well-written discussion on identifying and intervening on knowledge deficit this week with your patient. This was a great CDG selection this week based on the patient care experience and the education provided on his medications and post-op interventions. All criteria were met for a satisfactory evaluation. See my comments on your post for more details. APA formatting was spot on. NS

Week 7(4a-d)- You did a great job communicating with your patient this week. You were able to build a trusting relationship with her during your two clinical days, and she expressed her appreciation for your care. You also did a nice job communicating with the nurse throughout the shift regarding your patients' pain. Your patient had several members of the healthcare team in and out of the room, you did a nice job communicating with them and working with them so that everyone was able to perform their tasks. HS
(e)-You satisfactorily met the requirements for the CDG this week. You were able to find an EBP article that correlated with your patient's diagnosis of pancreatitis and medication administration of ketorolac. Great job! 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
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			NA	S	S	S	S	NA									
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	~~S~~ U	S	S	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**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:
Week 4: A teaching need for my patient would be to educate them on the risks of impaired physical mobility. My patient was a little irritated going to physical therapy so I educated them on the risks and complications of not being mobile, including pressure ulcer development, pneumonia, etc. This education was delivered orally and the reason or the teaching was them not being enthusiastic about going to PT and wondering what the point was. My patient received the teaching well because they were more enthusiastic about getting up and going to PT. Michael, this is wonderful and appropriate education that you provided your patient this week. Unfortunately, you did not describe the resources you utilized for this education such as Skyscape, Lexicomp, UpToDate, etc. **Please be sure to respond with how you will work on including this information in the future. MD**

Week 5: A teaching need for my patient would be to educate them on the importance of coughing and deep breathing. I delivered this teaching orally. This teaching was delivered because my patient had fluid buildup in the lungs as well as COPD and was not aware as to how important something as simple as coughing and deep breathing could be to promote stuff like lung expansion. I used the resource Skyscape to pull specific information on how coughing and deep breathing helps people with fluid buildup, COPD, etc. I validated the patient's teaching by using the teach back method and making sure he understood the reason behind it. **I will address the unsatisfactory I received on Week 4 by making sure I skim through ALL of the requirements that the yellow boxes require on the clinical tool and by utilizing specific resources like Skyscape next time I provide education to be able to tell the patient all needed relevant information. Nice job addressing the previous unsatisfactory. You did a great job on your education focus for your patient and providing the necessary teaching to help him manage his respiratory health better. KA**

WEEK 6: A teaching need for my patient would be to educate them on the medications they were taking. This teaching was delivered because my patient did not know why they were taking famotidine as evidenced by when I told them they were getting it their initial refusal and questioning as to why. I educated the patient orally and with brochures by telling them all pertinent information on the drug and printing out Lexicomp brochures. I used Skyscape to pull information and then Lexicomp to print out a brochure about the drug to them. Education was effective as evidenced by patient willing to take drug, teach-back method, and verifying understanding. Very good,

Michael! You elaborated on these important education needs in your CDG this week, highlighting important details that were discussed and the patient's willingness to listen. Good job prioritizing education to a patient that was a little bit "set in his ways." He seemed to respond well to your approach, great job building a rapport! NS

WEEK 7: My patient was generally well educated on their condition since they have been in the hospital multiple times because of the recurring nature of it. A drug that my patient was unsure about and did not even know what it was doing was Enoxaparin. I identified this teaching need when I mentioned that the patient was getting the drug, and they asked me what it was. Using Skyscape, I explained to the patient that Enoxaparin is a drug that is designed to prevent complications of immobility like DVT. This teaching was delivered orally. I used the teach-back method to my patient to verify patient understanding of education. This teaching was needed because they are in the hospital a lot so it is good to know what medications they are getting and why, so they know what to monitor for like bleeding with this drug. Great job! You will see this medication utilized often in the hospital. HS

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	NA	NA	NA									
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)			NA	S	S	S	S	NA									
	KA	**KA**	**DW**	**MD**	**KA**	**NS**	**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.**

See Care Map Grading Rubrics below.

Comments: Social Determinants of Health that have the influence to impact my patient's care would be their financial situation. My patient let me know that she was extremely anxious that her insurance would kick her out of therapy and that she would not be able to get the treatment she needs because of this. My patient was also the opposite gender of me so that could have made her more hesitant to receive care from me but I was patient and pleasant with her so this did not really affect anything. You did a fantastic job providing her patience and understanding with this stressful situation. What kinds of resources could you provide her for the financial situation? MD

Week 5: Social Determinants of Health that have the influence to impact my patient's care would be their homelife. My patient is a very old person who lives with their wife and is her caregiver and she has Alzheimer's. This can put a lot of financial and emotional burden on the patient and it got to the point where the patient was prescribed an SSRI because of the stress on them. This can make the patient not want to get the care they need so it is important to be aware of the patient's emotions. Also, living practically alone while having a chronic condition like COPD and being at an advanced age is a huge risk factor when it comes to mortality. I could possibly consult the patient with a social worker to see if that resource would be of any use. You did a great job reflecting on multiple facets of the patient's life that impact his overall ability to manage his health. KA

Week 5 – 6a – You satisfactorily completed your first care map. Please see the rubric at the end of your clinical tool for details. KA

Week 6: An SDOH of my patient that was most likely to affect their post-care would be the lack of a support system that my patient had. My patient lived alone and did not have a significant other or anyone else really looking out after them. This lack of support system can hinder the patient's recovery and can be potentially dangerous if the patient experiences an emergency or is experiencing a complication – no one would be around to notice any of this. Also, no one would be around to encourage the patient to drink fluids, avoid excess movement of the neck, keep the brace on at appropriate times, ambulate, help them if they fall, etc. Good thoughts! This is especially important following a c-spine surgery that can result in life-threatening complications. Due to him being somewhat "stubborn" with certain aspects of care, this is certainly a concern

upon discharge. Lack of social or community context in the outpatient setting can negatively impact his heath outcomes. When identifying these concerns, it is important to collaborate with case management to determine a safe and effective discharge plan. Hopefully, home health will be consulted to help him manage his post-op care, especially maintaining compliance with the neck collar. Good thoughts! NS

WEEK 7: A major social determinant of health specific to this patient I was able to identify was their socioeconomic situation. My patient has been admitted to Firelands multiple times because of recurring pancreatitis and a big part of it was that they were unable to afford some of the pain medications that were prescribed to them. This can lead to a sort of negative feedback loop, where they spend what little they have on these pain medications and when they cannot afford them they are unable to work to make more money due to how much pain they are in. It can also negatively affect their healing and my patient ended up getting constipation in the hospital as a complication of unrelieved pain. Financial concerns can impact many different areas in the healthcare field. It would be important to talk with the patient, case management, and even pharmacy to see which medications may be cheaper than others or even if there are discount programs for different medications that she may be prescribed upon discharge. HS

Objective

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

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

Comments:

An area of strength I have is with IV and trach because I do this at my job so I have experience with it. An area of weakness for me is remembering some of the Nursing Fundamental skills so I will have to touch up on these in my free time. Please remember when writing an area for improvement you need to set a realistic goal (i.e. I will watch all of the Nursing Fundamentals skills videos once before my first inpatient clinical.) KA

Week 3: An area of strength I had was knowing a lot about infectious disease and infection prevention strategies already. Great! You will have lots of additional opportunities to put these principles into action. DW An area of weakness for me would be knowing what was going on when it came to the digestive health procedures like the colonoscopy so I am going to study some digestive system A&P until I am confident with the structures. Wonderful idea! This should help quite a bit, but don't feel bad if you get the opportunity to experience a scope again and it still doesn't look familiar. Textbook pictures and the actually thing are totally different, especially when you are inside of an organ or tube. You could also try to google videos of these procedures, so you can see from the scope's perspective. Either way, these healthcare providers train for years to understand the actual anatomy. I love the interest either way! Keep up the great work! DW
Week 3 (7f)- Unfortunately, with the newness of all clinical requirements for the first week of clinical, the Digestive Health and Infection Control surveys were overlooked and not submitted by the deadline. This resulted in 2 hours of missed clinical time that was made up on 1/26/26. Please keep in mind that this U does not define you, but offers an opportunity to improve for the future. I know you've got this, but I am always available to help with organization or clarification of course requirements as needed. Additionally, please be sure to review the directions on page 1 of this document. You are required to comment on how you plan to prevent any future U's related to this when you submit your tool for week 4. Failure to do so will result in a continued U rating until completed. DW

Week 4: An area of strength this clinical is how patient I am with people who can be a little cranky. Instead of making the patient agitated by having an attitude back, I was able to keep a calm and pleasant demeanor the entire time which in turn made the patient trust me. This absolutely was a great strength! MD A weakness area of improvement 😊 that I have is time management especially in the rehab unit needing to balance their breakfast, getting their physical therapy in and my assessment in, etc. I will improve on this by reflecting on what I could have done better and coming up with a step-by-step plan to knock out the vitals and assessments in a much more organized manner. Great goal! MD **I will also prevent any future U's by making sure after every clinical I check with the faculty as well as with my classmates and on eAdvance any things that are needed to be submitted for the clinical experience, including signature forms, surveys, CDG's, etc. MD**

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

Week 5: An area of strength this clinical for me would be being a patient advocate. I earned the patient's trust by being engaged with what they were telling me, asking questions about the patient, and making good on promises that I would make to them. For example, the patient was on a 1500 mL fluid restriction and asked if they could get coffee. I said I could ask their nurse and I immediately followed through on this promise. I got them their coffee and they were very pleased with me and they had no problem or annoyance with any care I provided after that point. An area of weakness would be medication administration involving syringes. I have handled needles very seldomly so my dexterity and technique is lacking when it comes to preparing the vials and what not. I will improve on this area of weakness by consulting with faculty and looking up videos and resources involving best practice and technique and I will do this at least once per day before the next clinical. You could also practice this skill in the upcoming required Open Lab. Dexterity definitely builds with time and practice. I do feel you did a nice job for this being a newer skill for you. Keep practicing. KA

WEEK 6: An area of strength this clinical for me is being very knowledgeable and remembering quickly the different drugs that we use. I was able to tell my instructor everything about the drugs I was giving my patient off the top of my head and I was able to rationalize to the patient as to why they needed their famotidine when initially they were very hesitant. This strength ended up making my patient compliant with the medication which results in a better outcome for them. To be honest, I was quite thrown off by your ability to discuss prescribed medications without a medication sheet in front of you. This was an awesome demonstration of recalling information and actually understanding the prescribed medications to be administered. Very cool! Equally as impressive was your demeanor and approach to educating your patient on his medications. You remained calm, provided information so that he could understand, and encouraged him to take the medication with being "pushy". I can tell you have good control of your emotions and understand how to effectively communicate with your patients. Well done! NS

An area of weakness for me would probably be bathing a patient. I have only bathed 1 patient during my entire clinical experience so far and I feel like I need more experience with hygiene needs to confidently be able to do it without second thought. I will address this weakness by relooking at the Nursing Fundamentals education about bathing and talking with the PCT's who work at Firelands. I will do this before every clinical and talk to the PCT's during clinicals when time appropriate and

hopefully be more confident by the end of the semester. Good plan! Don't hesitate to let Heather or Kelly know this is something you need more experience with during your clinical on 3T during week 7. Hopefully you get an opportunity this week to practice these skills. Keep up the hard work! NS

WEEK 7: An area of strength that I had during this clinical was building a solid patient rapport and getting the patient to trust me. My patient has dealt with the hospital system multiple times so they probably have seen both the positive and negative sides of it. When I was with my patient, they were in visible distress and were really anxious. By being friendly and following up with them on their requests and needs and always smiling at them and being positive, my patient started smiling more and thanking me and even said that they wish I could be their nurse for their entire stay. This was a huge difference between when I first met them and when I departed. An area of weakness for me would have to be a lack of dexterity when it comes to medication administration. I feel like I still fumble sometimes when I am filling the syringe from the vial. I will address this area of weakness by looking up videos a couple of times before my next clinical and getting in touch with faculty to give me tips daily before my next clinical as well. That is a great plan! Dexterity does become easier with each experience that you have with medication administration. HS

Student Name: Michael Ingram	**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: 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 nice job identifying all abnormal assessment findings, labs/diagnostics, and risk factors for you patient this week. Did your patient have a chest x-ray since he was diagnosed with pneumonia? KA
	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 did a nice job identifying all nursing priorities for your patient and highlighting the patient's highest nursing priority. You did a nice job writing your goal just make sure to include a time in the future i.e. by discharge. You highlighted associated information from the noticing section. I would consider highlighting WBC and MRSA positive from the lab and risk factors sections as well. You identified 5 complication for your nursing priority and signs and symptoms the nurse should assess the patient for. KA
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job listing all nursing interventions related to your nursing priority and ensuring they were prioritized, included a frequency, were individualized, realistic, and included a rationale. For the medication intervention all medications had a frequency in the MAR making prn an inappropriate frequency as ordered or listing each one's actual frequency would be better. Try to start all interventions with action words (i.e. assess, encourage, monitor, ensure, etc). Some of your interventions do and others do not. Nice job overall! KA
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	2	You did a nice job reassessing your highlighted information from the noticing section. Make sure all highlighted areas from the assessment and lab/diagnostic section are reassessed. If there is no change or no new results, make sure to state that. You identified you would continue the plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
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: **Great job satisfactorily completing your first care map. Please see comments above on areas to consider in the future to make your care maps clearer. Overall you did a terrific job setting up this plan of care for your patient! KA**

Total Points: 44/45

Faculty/Teaching Assistant Initials: KA

Student Name:	Course Objective:	6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*
Date or Clinical Week:		

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

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

Student name: Michael Ingram								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	Insulin (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/6/26	**Date: 1/6/26**	**Date: 1/7/26**	**Date: 1/7/26**	**Date: 1/9/26**	**Date: 1/16/26**	**Date: 1/16/26**	**Date: 3/10/26**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	
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 1/8/26. KA/DW/HS
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, Foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. KA

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily 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. You did not require any prompts, very well done! You were efficient and communicated well with your “patient” throughout. Keep up the hard work! NS

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/SA/LK

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2026
Simulation Evaluations

Student Name: Michael Ingram					
Performance Codes: **S**: Satisfactory **U**: Unsatisfactory			**Evaluation**	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: 1/26/26	Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	**S**	**DW**	**NA**
		DCE Score	94.8%		
Date: 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	**93%**	**KA**	**NA**
		DCE Score	S		
Date: 2/23/26	Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario	**S**	**HS**	**NA**
		DCE Score	100%		
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