

**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)
1/22/2026	7 hrs	Missed 3T clinical and debriefing	2/18/26 3T – 6 hours 2/19/26 Debrief – 1 hour
2/7/2026	1 hour	Handwritten IC Scavenger Hunt	2/10/2026
2/14/2026	1 hour	Late ECSC survey	2/17/2026

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 4	Excess Fluid Volume	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:			S	S	NA	NA	S	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S NI	NA	NA	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	NA	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	3T, kidney stones, hydronephrosis	3T, 65, chf and asthma	DH, IC	ECSC	3T, 69f dehydration, potential stroke, OR, hydradentitis and hydrophoria										
Instructors Initials	SA		HS	KA	MD	DW	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 3- (1 a, b, c, d, e)-You were able to discuss your patient's pathophysiology of his current admitting diagnosis and past medical history. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. HS

Week 4 – 1a-h – You discussed 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 asked thoughtful questions and sought out further knowledge regarding your patient's pathophysiology. You had some difficulty discussing your medications on clinical and did not thoroughly research 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 shortness of breath related to congestive heart failure. KA

Week 5 IC/DH Objective 1 H- Please utilize the highlighted suggestions for competencies to evaluated above when attending the alternative clinical sites (DH, IC, ECSC, and OR). This will allow you to give full credit where it is due with every clinical experience! MD

Week 7 (1a-h)- You were able to discuss your patients history along with his current diagnosis of weakness and stroke. You were also able to discuss the diagnostic testing pertinent to the patient, including the patient being NPO for a swallow evaluation at the bedside. 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:			S	S	NA	NA	S	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA	NI	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA	NI	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA	S	NA									
d. Communicate physical assessment. (Responding)			S	S	NA	NA	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	NA	S	NA									
	SA		HS	KA	MD	DW	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 3 (2a-f)- You did a nice job with your assessment this week. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 4 – 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 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

02/20/2026 Week 7

b. I didn't hang up a fall sign in patient's bathroom and later noticed the patient's bed was unlocked after my instructor pointed it out. I corrected these issues by placing the appropriate signage, correcting my documentation, and ensuring the bed was properly locked to maintain a safe environment. Moving forward, I plan to be more intentional with my safety checks to prevent similar oversights and protect patient safety. Preventing injury is essential, especially implementing all of the necessary high fall precautions when indicated. HS

(a)- You were unable to obtain pedal pulses but did not seek help or obtain the doppler to confirm. 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:	S		S U	S	S	S	NI	NA									
a. Perform standard precautions. (Responding)																	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	NA	NA	NI U	NA									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	NA	S	NA									
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	NA	S	NA									
e. Recognize the need for assistance. (Reflecting)			S	S	NA	NA	S	NA									
f. Apply the principles of asepsis where indicated. (Responding)	S		S U	S	S	NA	NI	NA									
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	S (OR)	NA									
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	NA	NA	NA	NA	NA									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	NA	S	NA									
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	S	S	NA									
	SA		HS	KA	MD	DW	HS										

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments:

Week 3 (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.

(3 a, f)- These competencies were changed to U's because you were observed not performing hand hygiene when entering a patient room. Hand hygiene should be performed each time when entering and exiting a patients room, and any other time necessary. You also entered a patient's room that was on contact precautions without the proper PPE as displayed outside the room. You also came into the hallway with your contact isolation PPE (isolation gown) on after being in the patient's room and providing care. HS

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. HS

1/29/2026

a, f. This week I satisfactorily demonstrated standard precautions and maintained aseptic technique throughout my clinical experience. I agree. You were very mindful of standard precautions and I witnessed you several times foaming in and out of the patient room. KA

Week 4 – 3 a-g – 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 still needed. 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 had some difficulty utilizing the bedside monitor and did not recognize the BP cuff was upside and the monitor was set to show the MAP instead of the BP, but did ask for assistance appropriately. Please continue to work on your skillfulness as we discussed by slowing yourself down and providing efficient, purposeful nursing care. You did a great job setting a goal for your patient related to increasing ambulation and assisting them in achieving it to help them get closer to discharge. KA

Week 7

(a,b,f) I did not confirm that my patient's nasal cannula oxygen was on and delivering oxygen until the end of my clinical day, which I recognize is essential for patient safety and accurate documentation. It is also vital that I remember safety precautions and aseptic technique while administering and handling medications. I opened a medication with bare hands and then dropped it on the ground. However, I did maintain frequent & proper hand hygiene and cleanliness in both clinical experiences.

(3b)-You documented the patient had a nasal cannula on, but were unable to tell me how much oxygen the patient was receiving because you did not know how to obtain that information from your assessment. Upon entering the room with faculty to determine the amount of oxygen you were unable to locate the flow meter, or identify where the oxygen was coming from. If unsure of how to correctly assess or document findings you must seek help from faculty or the RN . HS

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.

week 7 U

b. To correct this moving forward, I will verify oxygen delivery as part of every respiratory assessment by locating the flow meter, confirming the source, and reading the exact flow rate before documenting anything on it.. If I am unsure how to assess equipment or cannot find what I need, I will seek help from faculty or the RN instead of charting incomplete or inaccurate information. This is important to uphold patient safety.

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

Week 1 (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 (3q, r)-You were able to monitor your patients IV site with the primary fluids infusing prior to his surgery. You were able to perform a FSBS on your patient prior to surgery. HS

Week 4 – 3 k-l – You had the opportunity to administer PO and SubQ medications this week. You looked all medications up before administering, but did not have a complete knowledge on all medications to ensure safe administration. You attempted to follow the rights of medication administration, but there were wholes in the process. You were directed to educate the patient about each medication prior to completing their breathing treatment and wait to administer medication until faculty was present. You did not follow this as directed by faculty and administered 2 medications without completing the scanning process in the MAR before administration. With my assistance you were able to make sure all other medications were properly documented and scanned in the MAR correctly before administration. Upon debriefing of the situation, you recognized that one of the rights of medication administration was violated causing a safety breach that could have caused potential harm to your patient. Please be mindful to follow all rights of administration in the future to prevent this error in the process. Remember to write a comment on how you will prevent receiving a “U” in this competency in the future. KA

Week 4 – 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. KA

Week 4 – 3r – You had the opportunity to complete FSBS screenings on your patient this week and documented the results in the necessary areas and utilized the findings to administer any sliding scale coverage insulin. KA

comment about week 4

Week 5- 3k-l- This experience helped me recognize the importance of slowing down and being fully intentional with each step of the medication administration process. I realized that when I move too quickly, I’m more likely to miss critical steps that are vital to patient safety. Going forward, I will organize my workflow before entering the room, verify each medication with the MAR in real time, and complete patient education before administering anything. I will also make sure I follow faculty instructions exactly and wait for supervision when required. My goal is to build consistency and confidence in my med admin skills so I can meet competency expectations and prevent these errors in the future. CV **Great goal! Keep working hard to meet these goals and the next medication administration would be satisfactory if performed! MD**

Week 7

k. I checked all rights of med administration, but my dexterity was not up to par, as I dropped medication on the floor and did not keep aseptic technique. I touched the medicine without gloves, which was a risk because if the med was a hazardous substance, it could have been a major safety hazard. HS

r. This week, I had to prep and poke my patient three times to get enough blood to complete the reading. I will improve this by making sure that I go on the side on a finger rather than the middle and keeping the site below the level of the heart to achieve optimal blood flow. **I do believe your patient had calloused fingers making it difficult to obtain the drop of blood for the reading. HS**

Week 7(3k, l)- These competencies were changed to U’s because upon administration of the patient’s insulin, you removed the cap to the pen and walked over to the patient without performing any safety checks. You did not pull up the MAR and verify the patient, the correct medication, or the appropriate dose to be administered. You also did not apply the needle or prime the needle. You must slow down and perform all checks prior to ensure that all safety measures are met. HS

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. HS

Week 7

(3k,l) To correct this moving forward, I will slow down and follow the full insulin-administration process step by step. I will review and apply the 6 rights of medication administration every time, and I will review the correct sequence for insulin pen preparation, including attaching the needle and priming before entering the patient’s space. I will bring the MAR to the bedside, verify two patient identifiers, and confirm the medication, dose, and timing before preparing or administering anything, in order to ensure patient safety.

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

**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 3	HS
Patient Education: Identifying and Intervening on Knowledge Deficit		

Safety: Restorative Care and Managing Potential Complications		
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Comments:

Week 3 (4a, b)- You did a nice job communicating with your patient and the primary nurse caring for him. You were also able to communicate with the other staff members including PCT's while answering call lights for other patients. (4e)- You satisfactorily met the requirements for the CDG post this week. You were able to find an article related to your patient and treatment and care of kidney stones. HS

Week 4 – 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 4 – 4e – You chose to complete a care map this week versus completing a CDG therefore this competency is NA for the week. KA

Week 5-6 (4a,b,d) IMPORTANT: Cassidy, it was noted that your self-evaluations for these competencies were changed after the fact, in relation to comments made by faculty (feedback pointing out the competencies that should be evaluated at a minimum for the alternative clinical sites). Please be aware that evaluations stand from week to week and do not get changed related to feedback. Instead, you are welcome to add in the comments to address feedback to the faculty. I reverted the evaluations for week 5 back to what was originally submitted. If this does not make sense, please reach out to me for clarification. DW

Week 6 (4e)- According to the requirements of the ECSC CDG, you were satisfactory for your discussion this week; it was thoughtful and patient/population-centered. Well done! DW

Week 7 (4e)- You satisfactorily met the requirement for the OR CDG this week. You did a nice job discussing the surgery you observed, which was a total laparoscopic hysterectomy. You discussed the preoperative and postoperative interventions, and the safety measures that were implemented in each phase of the surgical process. HS (4c)- You did not follow up or seek help from faculty or the primary RN about being unable to find the pedal pulses on the patient. This was only identified after a discussion with faculty. You also stated the patient's feet were "cool and you could not obtain cap refill." These findings should be immediately addressed by attempting to use the doppler to confirm the pulses and notifying faculty/RN. You must seek help when unsure or have an abnormal assessment finding that is concerning for the patient. HS

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. HS

Week 7

(4c) I recognize that not following up when I couldn't find the patient's pulse or obtain capillary refill could have resulted in an emergency by delaying the identification of a serious circulation problem. In the future, I will immediately seek help from faculty or the RN or use the doppler right away when pulses are difficult to locate, because timely escalation of abnormal findings is essential for patient safety and accurate assessment

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

1/21/2026

- I found my patient this week to be well-educated on the needs related to his chief complaint. We discussed the importance of routine bladder screenings and meeting with a urologist to manage and treat his condition. We also talked about how vital it is that he has sufficient fluid intake in order to best prevent kidney stones from reoccurring. **HS**
- I utilized skyscape as my primary resource to find the preventative and treatment measures. Due to a procedure, my patient was on NPO; however, he was able to verbalize understanding of this information. **Great job! HS**

1/28/2026

- My patient this week had left sided congestive heart failure, asthma, COPD, type 2 diabetes, and several other diagnoses. His o2 sat was low and being supported by supplemental oxygen. I educated my patient on the importance of deep breathing, coughing to clear secretions, and regularly using his incentive spirometer to improve lung function. I used clinical judgement and skyscape to help me verbalize this to the patient and he expressed understanding.
- I used Nurse's Pocket Guide on Skyscape to look up appropriate nursing interventions and teaching materials. I also used Skyscape to educate my patient on his prescribed medications. **Great job educating your patient this week. I am sure he appreciated the time you spent with him. I know he was very happy he was being discharged. KA**

2/20/2026

- My patient was admitted after a fall at home that left him alone, stranded on the floor for three days; he does not have a cell phone or a way to contact help. He also has chronic weakness and a history of 6 falls in the last 6 months. He told me that he has one family member that will intermediately check on him throughout the week. I could not discuss this education with his support system, however, I educated him on the importance of having a way to contact help if he has another emergency, such as a life alert or similar safety device. He verbalized understanding and said he would take that into consideration for a future prevention measure. **HS**
- I also used Skyscape to cross reference and educate my patient on the importance of daily medication adherence to improve his quality of life and safety. Due to the nature of the admitting complaint, I educated my patient about proper mobility precautions such as keeping track of/wearing his glasses, keeping his floor at home clear of obstructions, and using his walker to support his ADLs, independence, and safety. **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	S	NA	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)			S	S	NA	NA	S	NA									
			HS	KA	MD	DW	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:

1/21/2026

This week through my assessment, I found a social determinant to be related to be my patient’s occupation. He has had issues with kidney stones chronically for the last ten years. Upon inquiring about his occupation, he told me he was employed at a factory job. I researched how this might have affected his condition. “Working in high-temperature environments (e.g., factories, farming, construction) increases fluid loss through perspiration, leading to dehydration and concentrated urine, which can cause stones” (Knauf et al., 2025). There is a potential that my patient had a decrease fluid intake, which may play a role in his impaired renal function.

Reference:

Knauf, F., Luft, F. C., Nath, K. A., et al. (2025). Shift work and the risk of kidney stones. *Mayo Clinic Proceedings*, 100(10), 1693–1695.

Great job looking into the potential cause of his frequent kidney stones. Did he ever have his urine tested to determine what may be causing his kidney stones? HS

1/28/2026

My patient lives in a nursing home, which increases his risk for a sedentary lifestyle, infection, and potentially limited access to specialists and consistent health management. His family lives about an hour away, which may reduce his motivation to stay active and engaged. He is a non-smoker, but he previously served in the Air Force and worked as a firefighter for over 25 years, contributing to the development of multiple diagnoses later in life. He also has immediate family members with a history of myocardial infarction and colon cancer. Nice job looking at multiple SDOH factors that affect his overall ability to manage his health. KA

Week 4 – 6a – You satisfactorily completed your first care map. Please see the rubric at the end of your clinical tool for details. KA

2/20/2026

Potential social determinants of health for my 89 y/o patient include living alone with limited family support, which may affect his ability to maintain a safe home environment and perform his ADLs. He also does not have a cell phone, limiting his ability to seek help during an emergency. He also expressed concern about obtaining new glasses, indicating potential financial or transportation constraints related to health management. **Nice job! You listed several SDOH factors specific to your patient. HS**

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 U	S U	S U	S U	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										
	SA		HS	KA	MD	DW	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:

1/13/2026

a. My strengths this week included staying proactive in my studying and actively participating in both lecture and lab. I made sure to ask questions whenever I needed clarification. Great job! SA

- b. An area I would like to improve is my approach to studying this semester's material. I plan to implement a variety of study strategies to enhance my retention and understanding of the content, such as study sheets, flash cards, and small study groups. **Nice idea! Be sure to include how often you will work on improving your goals, nice job this week! SA**

1/21/2026

- a. This week I took the initiative to answer more call lights and pushed myself to become more involved on the unit. I was able to apply several skills I've learned in NF, including performing FSBS and hygiene care. During these tasks, I ensured that skin integrity was maintained by thoroughly cleaning the patient and changing soiled bedding and gowns. I left clinical feeling more confident in my improvements and more comfortable integrating myself into the workflow of the floor **Great job answering call lights. Each experience will help expand your knowledge base and experience level. HS**
- b. *Needs improvement* I missed my second clinical day because my phone died and my alarm clock did not go off. I was extremely disappointed to miss out on that clinical experience. This situation taught me the importance of double-checking both my phone alarm and my physical alarm clock to make sure they are set and functioning. I plan to implement this moving forward to prevent the same mistake from happening again, and to demonstrate consistent professionalism. **Great plan moving forward. HS**

Week 3 (7f)- This competency was changed to a U because you did not submit the correct version of your clinical tool by the due dates.

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. HS

1/28/2026

- a. I was happy with how I performed this week in clinicals. I had the same patient both days and was able to establish a more comprehensive view of his baseline and attitude. I utilized therapeutic communication to collect subjective data and help direct the flow of my patients care. I performed my head to toe, administer several medications and ask other nurses and PCT's if they needed any help with anything. **You do a great job working with others and asking appropriate questions to help gain more knowledge to better care for your patients. KA**
- b. This week, I administered several medications, including insulin, to my patient. I struggled with scanning, educating, and administering the medications in a smooth and organized way. I accidentally removed some of the PO medications before scanning them into the MAR, but I was able to correct the issue with the help of my instructor. Moving forward, I plan to improve my organization by slowing down, staying intentional, and thinking through each step carefully, especially when handling patient medications. **This is a great goal. I am glad you are able to recognize this as an area to work on. I know you can do this! KA**

Week 4 – 7f – This competency is marked with a U because I could not locate where you addressed this U from last week. According to policy, "If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it." You addressed all of your other U's so if I missed your comment for this one please let me know and I can correct your tool. If this was an oversight, please make sure to make a statement this week addressing this competency so you do not continue receiving a U. KA

Week 5- 7f. (Correction for Week 3- 4 unsatisfactory) Moving forward I will improve my professionalism by making sure that my assignments are ready to be submitted promptly at the due date. I will take time to double check my clinical tool to verify that I am using the correct document for the week. MD

2/06/2026

- a. This week I was prepared, attentive, and teachable at each clinical experience. **Excellent! MD**
- b. I would like to improve the way I am studying this week. I've noticed that I've been getting distracted while studying, so I plan to change my environment and my habits. To stay focused, I will study in a quiet place and keep my phone put away so I can eliminate distractions and stay engaged with the material. **Great goal! MD**

Week 5 IC/DH Objective 7 F-This week you submitted a handwritten IC Scavenger Hunt when it was to be typed. Please be sure to read the directions carefully with every assignment. Please respond with how you will prevent this in the future. MD

Week 6 (Correction for week 5- unsatisfactory) I submitted my IC Scavenger Hunt in the wrong format due to not thoroughly reading the requirements. I have resolved this by resubmitting the correct version typed on the provided document. This week, I exhibited professional behavior and timeliness in my clinical experience and thoroughly read clinical expectations prior to submission. DW

2/11/2026

- a. I felt very good after this clinical experience at Erie County Senior Center. My classmates and I were able to connect new people and help the seniors have a great time with our activity. I believe we did a great job representing FRMCSN. **Wonderful! I felt this in your CDG post as well. I'm sure it felt good to be able to connect in a positive and productive way. We greatly appreciate that you represented FRMCSN well, but more importantly, you represented yourself and the future of nursing well too. Keep up the good work! DW**

- b. A general area of improvement for me to focus on would be my organizational skills. I have noticed that as the semester has progressed, I have struggled with my time management/keeping all of my responsibilities accounted for. I started utilizing a week by week calendar to physically write out my schedule. This has helped me in the past to stay organized and less stressed. I can 100% empathize and appreciate this goal. I have an additional suggestion in my comment below. Please be sure to check it out. You are quite capable and I am hopefully these adjustments will do the trick. DW

Week 6 (7f)- Unfortunately, Cassidy, this competency is being evaluated as unsatisfactory due to late submission of the ECSC survey. This survey was due by 2200 on 2/14/26, and was submitted on 2/17/26 after a reminder to do so. We are seeing a pattern in this competency, though not for the same reasons from week to week. The good news is that you can turn this around, as you are learning from your mistakes. If I may make a suggestion, it may be a good idea for you to closely review the course syllabus weekly to ensure you are completing all of the expected requirements from one experience to the next. As you review it, make a little checklist for yourself that you can reference leading up to the Saturday deadline (ex. Due before 2200 on 2/21/26: OR- Signature form to OR dropbox, OR survey, OR CDG- 250 word minimum with a citation and reference, week 7 clinical tool- evaluate 3T and OR including comments for obj. 5, obj. 6, and 7 a, b, and f-improvement of U). This will help when there is a lot to juggle and life gets chaotic. It may also help to have a buddy/classmate that you check in with for accountability; someone that you can double check meeting all of the clinical requirements for each other. Please also know that if I can help with organization and clarification on assignments, I would be happy to help you. You've got this, Cassidy! I believe in you! DW

Thank you for the feedback. I understand why this competency is being evaluated as unsatisfactory, and I take full responsibility for submitting the survey late. I recognize that this has become a pattern and I am committed to correcting. I appreciate and agree with your suggestion to review the syllabus more closely each week. Moving forward, I will create a detailed checklist for each week and review it daily to ensure I make all assignment are submitted before the Saturday deadline. I am actively working on strengthening my organization and time-management skills so that this pattern does not continue. I may also make a meeting with my LAP instructor to discuss organization. Great plan Cass! HS

2/20/2026

(a,b) I have taken time this week to reflect on how my personal self-care influences the care I provide to patients. One of my strengths has been consistently showing up with a positive attitude and a genuine desire to improve each day. I'm proud of myself for not becoming overly discouraged and hard on myself. Instead, I've been applying the guidance from my instructors and using it to grow in a healthier, more effective way. HS My area of improvement is working on developing more confidence and self-awareness when I am on the floor. It stems a lot from my anxiety and when I put too much pressure on myself to do everything perfect, which is actually when I make the most mistakes. I have been practicing meditation again every evening to improve my mental health, which helps ground me and relieve some stress. I've reminded myself that it is good to ask questions and ask for help when I need it, inside and outside of school, rather than always try to do it alone. Meditation can be very helpful. Also remember to ask questions when you are unsure so that faculty can assist. HS

Student Name: Cassidy Verlie		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: 4							
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 abnormal assessment findings, labs/diagnostics, and risk factors for you patient this week. I would include the patient's fluid restriction under your assessment section. Outside of that you did a very thorough job. 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 had a realistic measurable goal for your nursing priority, but it does not encompass all aspects of the patient's excess fluid volume. Ex: "The patient will demonstrate improved fluid volume balance within 48 hours, as evidenced by clear lung sounds, decreased peripheral edema, and urine output of at least 30 mL/hr." You highlighted associated information from the noticing section. I would consider highlighting BNP and Troponin from the lab/diagnostics section as well. You identified 3 complication for your priority and signs and symptoms the nurse should assess the patient for. Under respiratory list the specific vital changes you would expect to see such as SpO2 <90%. Under Electrolyte imbalances list specific lab changes such as low potassium and low sodium. 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)	2	
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, individualized, realistic, and included a rationale. For the medication intervention please make sure to differentiate between IV and PO medications and make sure to place a frequency for all medications in the future. Also, the last 3 interventions did not have frequencies. For
	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	2	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

								collaboration you could state “at all times.” For the 2 education interventions you could state “before discharge”, “on admission”, “daily”, or “as needed.” All
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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	3	You did a nice job reassessing your highlighted information from the noticing section. You stated the labs improved, but in the future list the actual values to show improvement. You identified you would continue the patient’s plan of care. KA
	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.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>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</p>	<p>Total Points: 43/45</p> <p>Faculty/Teaching Assistant Initials: KA</p>
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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: Cassidy Verlie								
Skills Lab Competency Evaluation	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: 1/8/26	Date: 1/8/26	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	SA	SA	SA	SA	SA	SA	SA	
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 1/8/2026.

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. SA

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 previous settings after hyper oxygenating the patient prior to leaving the room. Otherwise, no additional prompts were needed. During trach care, you were able to remind yourself about removing the inner cannula and soiled tracheostomy dressing prior to applying your sterile gloves. You were able to verbalize how to proceed in the process if this were to occur without contaminating supplies and satisfactorily remediated the process. You were efficient, confident, 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: Cassidy Verlie					
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	HS	NA
		DCE Score	88.9		
Date: 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	S	MD	NA
		DCE Score	97.7		
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