

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
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
4	Impaired Physical Mobility	S/RH	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	S	S	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	S									
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	4N, 81, Popliteal Artery Occlusion	5T, 77, Systemic Sclerosis with	ECSC	5T, 83, Impaired Physical Mobility	OR, 72, Left Knee Arthroscopy and	IC - 3T, 4N, 4P, 4C, 5T									
Instructors Initials	RH		NS	RH	DW	MD	DW										

**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) – You did a great job this week caring for a patient admitted with limb ischemia from a popliteal artery occlusion. You were able to analyze the pathophysiology involved related to decreased perfusion to the lower extremity leading to the symptoms of pain and decreased mobility. (c,d) – You were able to correlate the ultrasound findings of a blood clot to the required medical treatment of angioplasty and thrombectomy. Following the procedure, the patient experienced a hematoma at the femoral insertion site leading to increased pain and discomfort and worsening mobility. You were able to research and discuss the risk factors, complications, and priority assessments to be performed. You were able to monitor for circulation and perfusion distal to the hematoma and monitored for worsening hematoma. You were actively engaged in learning and demonstrated clinical judgment throughout the week. NS

Week 4 (1a-h) This week you were able to correlate the patient’s symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. You were able to bring these needs to light in your satisfactory care map of this patient as well. RH

Week 6 Rehab Objective 1 A-E: This week you were able to analyze your patient’s pathophysiology, correlate symptoms, diagnostic testing, pharmacotherapy, and medical treatment with their diagnosis of a CHF exacerbation! You did a great job with discussing how these all related together to provide the patient with appropriate nursing care! Great job! MD

Week 7 (Obj. 1)- Great job correlating, the patient’s medical history and potential assessment with the need for a knee arthroscopy. DW

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

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 2(a,c,e) – You did well with your assessments this week, noticing numerous deviations from normal. You noticed a significant hematoma to the groin with bruising to the hip and leg, edema, hematomas to the left extremity, severe weakness, pain, and altered mental status. You were able to palpate the groin noticing worsening hematoma from day 1 to day 2. You analyzed appropriate assessments for the specific disease process, continuously assessing for perfusion and circulation to the lower extremities. Experience was gained utilizing the doppler for lower extremity pulses due to her impaired circulation and edema that was present. A thorough skin assessment was performed, identifying skin breakdown from moisture underneath her breasts. Due to her lack of mobility and moisture, you recognized skin breakdown risks and implemented frequent position changes to prevent pressure injuries. NS

Week 4 (2a-f): You were able to perform all assessments on your patient this week and chart them appropriately in meditech. You also were able to identify a priority problem with your patient and perform a detailed focused reassessment on your patient related to that problem. You communicated changes in your assessment to the proper healthcare team member. You also implanted fall precautions due to them not being in place after assessing that your patient was a fall risk. RH

Week 6 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 7 (Obj. 2)- Your OR discussion post demonstrates understanding of the need for baseline assessment data, implementing safety measures associated with surgery, and patient-centered care management. Well done! DW

Objective

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

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

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments:

Week 3 3(b,c,d) – Good job this week demonstrating skillfulness and confidence in your nursing care. You were prompt with your assessments and interventions aimed at promoting positive outcomes. You prioritized your care appropriately, ensuring adequate perfusion to the extremities and implementing ACE wraps for the increased edema. NS

Week 4 (3a-j): You performed hand hygiene appropriately throughout both clinical days. You were able to organize your day and perform all nursing tasks/assessments in a timely manner while working around the therapy schedule. You asked for help when needed. You were able to administer heparin for DVT prophylaxis. You were able to maintain foley care for your patient. RH

Week 6 Rehab Objective 3 A, B, H: This week you were able to administer heparin! 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 7 (Obj. 3)- Your OR discussion demonstrated solid observation and understanding of various safety measures utilized pre/intra/post the procedure you attended. Your rationales for each intervention was right on point. Excellent job! DW

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

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 3(k,l,m,p,q) – You did a nice job with medication administration this week. You were able to administer several PO medications, maintained continuous IV fluids, documented intake of IV fluids, performed a saline flush, and monitored an IV site. With each medication, you observed the rights of administration and performed three

safety checks. You were able to discuss each medication, including the classification, indication, side effects, and nursing considerations for each. You effectively utilized the BMV scanning system for each medication to promote safety. You confirmed that the correct dose was removed and administered. Good work! NS

Week 4 (3k-m): You were able to perform medication administration this week. You were well prepared with all medication information to review with me prior to pulling medications. You had thoroughly looked up medications to be prepared. You administered PO and SubQ medications. You did great with drawing up the heparin from a vial to administer it as a subq injection. You did great calculating medication dosages and scanning all meds correctly. You used the rights of medication administration and your three checks to ensure there were no medication errors. RH

Week 6 Rehab Objective 3 K, L, M, R: While administrating medications, you were able to identify the rights of medication administration as patient, time, route, dosage, medication, and indication. You were able to discuss your patient's medications in correlation to why they are taking them, side effects, and nursing interventions to perform for each. You administered oral medications and subcutaneous medication (heparin) to your patient and were able to discuss them with them prior to administration. You were also able to perform a FSBS satisfactorily! Great job! Keep up the great work! MD

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	NA									
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	S									
b. Communicate professionally and collaboratively with members of the healthcare team or next provider of care using clear, organized hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	S									
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	NA	S	S	NA									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	S									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S NA	S	S	S	NA									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	S	S	NA									
			NS	RH	DW	MD	DW										

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

CDG	Week Completed	Initials
EBP Article: Discussing Evidence in Nursing Research		
Patient Education: Identifying and Intervening on Knowledge Deficit	Week 6	MD
Safety: Restorative Care and Managing Potential Complications	Week 3	NS

Comments:

Week 3 4(a,b) – You did a good job communicating with a patient with altered mental status. You frequently explained the care being provided, helped re-orient him to his environment, and made him feel safe in your care. You also continuously collaborated and communicated with the assigned RN to ensure optimal outcomes for your patient. Good work! NS

Week 3 4(e) – Nice work with your CDG this week related to safety and restorative care. Your patient’s altered mobility, reluctance to move, pain, and significant hematoma formation made this a good selection to write about. You were able to identify worsening hematoma and decreased perfusion as a potential complication associated with her condition as a result of the thrombectomy procedure performed. You were able to correlate signs and symptoms of the hematoma and identified important assessments to focus on. Good discussion on restorative care and how her condition impacted her ability to participate and the implantation of the plan of care to encourage movement. An appropriate in-text citation and reference were utilized. All criteria were met for a satisfactory evaluation. NS

Week 4 (4a-f): You communicated professionally with all members of the healthcare team. You were able to communicate any changes with your assessment to the nurse caring for your patient in an organized manner. 4e was changed to “NA” due to you doing a care map this week, not a CDG. RH

Week 5 (4e)- According to the CDG Grading Rubric, you earned a satisfactory for your participation in the ECSC discussion this week. Nice job! DW

Week 6 Rehab Objective 4 C: On Wednesday morning you identified that your patient was tachypneic with a respiratory rate of 28. You immediately contacted faculty and the primary nurse for further evaluation. The primary nurse was able to assess the patient and determined the patient was ok. Great job using clinical judgment and provide outstanding care! MD

Week 6 Rehab Objective 4 E: This week you completed the Patient Education CDG. The education you identified for you patient included pressure ulcers and pregabalin. You provided accurate and appropriate information on Mepilex for pressure ulcer prevention. You also provided accurate and appropriate information on pregabalin for treatment of his diagnosis of diabetic peripheral neuropathy. Barriers included the tight therapy schedule which did not allow for long education to be provided. Skyscape is an appropriate resource with teach back. Education was provided to the patient only due to no visitors during the time we were on clinical. I am thrilled to see that your patient was thankful for the information! You did incorporate ACE attitude during your education as well. Additionally, you provided two great references and in-text citations and a satisfactory length CDG! Fabulous job, Jackson! MD

Week 7 (Obj. 4)- You were able to identify the importance of effective communication and leadership in the surgical department to incorporate into your future practice. DW

Week 7 (4e)- According to the CDG Grading Rubric, you earned a satisfactory for your participation in online discussion this week. The OR/Surgery discussion met all criteria, was thoughtful and supported by evidence (Davis’s Drug Guide). Additionally, your APA formatting is good. Just one suggestion. The book title should be italicized. DW

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

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

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

Comments:

Week 3 5a: My patient had a need for education on the importance of mobility in the hospital. She was confused about how mobility would help improve her condition.

Week 3 5b: I explained to my patient the importance of ambulation and ROM exercises in preventing thrombosis. I printed off a Lexicomp education sheet that explained these concepts and what she can do to help her condition on her own. I had her read the packet and utilized teach back to ensure proper understanding. **Very good, Jackson! Despite her being in pain and reluctant to move, this is essential education in promoting positive outcomes. Frequent encouragement and education on the importance of early mobility to help her better understand is a great approach. NS**

Week 4 5a: During medication administration my patient told me that he did not know why he was getting a shot because he does not take any at home. **RH**

Week 4 5b: I explained to my patient that the shot he was getting is a heparin sodium injection and that the reason he is getting the injection is to prevent blood clots from forming while he is in the hospital. I explained that since he is in the hospital he may not be as mobile as he is at home and immobility can lead to the formation of blood clots. **While yes this is a great rationale and reasoning for why you were administering it, where did you get this information from? RH**

Week 4 5b NI: I got information about heparin sodium from skyscape using Davis’s Drug Guide. **DW**

Week 6 5a: A teaching need for my patient was education on what a pressure ulcer is. My patient asked me why there was a bandage on his bottom and after I told him it was for pressure ulcer prevention he asked me what a pressure ulcer is. **Awesome! MD**

Week 6 5b: Using Nurse’s Pocket Guide on skyscape I explained to my patient that the bandage is called Mepilex and that it is there to prevent the formation of pressure ulcers. I also explained that a pressure ulcer is an area of damage to the skin and/or tissues that develop from too much pressure on a bony area of the body. I also utilized teach back to ensure correct understanding. **Perfect! MD**

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	S	NA	NA									
			NS	RH	DW	MD	DW										

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

See Care Map Grading Rubrics below.

Comments:

Week 3 6b: A social determinant of health for my patient is that she lives at home alone. She is not able to perform ADLs and does not have a caretaker. My patient's discharge plan includes being sent to a nursing home as she cannot live on her own. This influences her care as she will have to be educated on why she cannot return to living alone at home. **Good thoughts! Her social and community context in relation to support has a major impact on her health outcomes. Due to her condition, she will require extensive support for her medical conditions that a skilled nursing facility will be able to assist with. NS**

Week 4 6b: A social determinant of health for my patient is his economic stability. My patient repeatedly stated that he was worried about having been in the hospital for over week because he wasn't able to work. This influences his care because if he is worried about missing a week of work he may not be able to afford to keep up with his medical needs at home. **Good observation! RH**

Week 6 6b: A social determinant of health for my patient is that he does not have a caretaker to help him get to appointments. His children do not live close to him and he lives alone. This has led to him not being able to attend physical therapy appointments because he has no one to help him to his car and into the facility. This has affected his care by leading to a decrease in his already limited strength and mobility. **This is an incredibly important SDOH. What kinds of resources could you provide the patient? MD**

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

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:

7a Week 1: An area of strength for me was getting FSBS. Since I work at the hospital I have done FSBS before and I was able to follow all steps accordingly. **RH**

7b Week 1: An area for improvement for me to focus on is setting up IV tubing. I was able to prime and set up the tubing correctly, but I would like more practice to get better at the skill. I will try to familiarize myself with the IV tubing more during my clinicals. **This is a skill that takes practice so whenever in the clinical setting take the opportunity to get that practice in! RH**

7a Week 3: An area of strength for me was that I had an opportunity during clinical to become more comfortable working with IV tubing when I had to perform an IV flush. I feel better about working with IV tubing after this clinical. On my second day of clinical I was also able to notice that my patient's hematoma had hardened more since the day before. I reported my findings to the RN and documented it accordingly. **Awesome strengths to note this week, Jackson! You had a great learning experience related to the complications post-op from a thrombectomy procedure. You were active in your assessments and nursing care, monitoring for signs of complications. You did a great job working with IVs this week, a new skill recently learned. I thought you were well-prepared and demonstrated confidence in your abilities.** NS

7b Week 3: An area for improvement for me is trying to find an apical pulse on my patient. I had trouble finding the apical pulse during my assessments on clinical. I eventually found them after a few tries and was able to continue with my head-to-toe. To work on this I will try to find the apical pulse on some of my family members to give myself more practice before my next clinical. **Good reflection and plan for improvement! Her anatomy did make finding the apical pulse difficult. Practicing on a variety of individuals will help you hone in on this important assessment skill. Keep up the hard work!** NS

7a Week 4: An area of strength for me this week was finding an apical pulse. I was able to find it on my patient on my first try. I was also able to manage my time effectively around my patient's therapy schedule and get all tasks done on time. **Good job!** RH

7b Week 4: An area for improvement for me is to identify lung sounds correctly. I had trouble identifying my patient's lung sounds during clinical. To improve on this, I will listen to recordings of each type of lung sound to be able to correctly identify each of them. **Remember when creating a goal, you need to have how many times you will practice and by when. I highlighted the requirements above in green so you can do this for next week.** RH

7a Week 5: An area of strength for me was interacting with the seniors as I felt comfortable and confident in a new environment. I am also now more confident in my ability to differentiate lung sounds. **DW**

7b Week 5: An area for improvement for me is to plan for accommodation better as even though everyone at the senior center was able to participate in my group's activity, they would not have been able to if they had any upper extremity limitations. I will review activities that can easily be done regardless of accommodation needs two times before my next clinical. **Though you won't specifically be going back to the ECSC, this is a good goal to have for the older population in general. You are bound to care for an older adult with upper body limitations and instead of just doing everything for them, this reflection will hopefully set you up to support them while still promoting self-care where able. Keep up the good work, Jackson!** DW

7a Week 6: An area of strength for me was noticing sudden tachypnea in my patient while doing my morning vitals. I immediately reported my findings to his RN and documented them accordingly. **You did an awesome job with this!** MD

7b Week 6: An area for improvement (yes!) for me is to get more sleep before clinical so that I am not too tired during clinical. I will make sure to get to bed at a time that will allow me to get at least eight hours of sleep every night this week before my next clinical so that I am not tired during my next clinical. **This is a great goal!** MD

Week 6 Rehab Objective 7 D-H: Jackson, this week has been a great experience being your faculty for Rehab clinical! You followed 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 am excited to watch you grow this semester! MD

7a Week 7: An area of strength for me was being mindful of my surroundings ensuring that I did not contaminate the sterile field. I also made sure to get plenty of sleep this week before clinical. **Great! These are two very important concepts to consider as nursing strengths.** DW

7b Week 7: An area for improvement for me is to arrive at clinical with plenty of time to prepare for the day. I was not late to clinical but I was a little rushed by time I got to the surgery waiting room and changed into surgery scrubs. I will improve on this by ensuring that I am at the school this Friday and Monday before my next clinical with plenty of time to prepare for the day. I will practice being early with my school days to ensure that I arrive early for my next clinical. **Love this goal, Jackson! Punctuality is important to your future employer, but even more so, for you...that you don't feel rushed or discombobulated starting off your work/clinical day.** DW

7a Week 8: An area of strength for me was being early to clinical with plenty of time to prepare. I also was able to identify incorrect charting in meditech regarding isolation precautions.

7b Week 8: An area for improvement for me is to ask more questions. I should have asked more questions about how infection control contributes to the healthcare system besides hand sanitation. To improve on this I will research the job of infection control in the hospital two times this week and ensure I am informed before my next clinical.

Student Name: J. Beatty		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	All criteria met.
	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	4. Good list of priorities 7/8. Good job doing more than the three required.
	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	All interventions are prioritized and personalized to the patient. all interventions have rationale. 3/14 interventions do not have frequency (79%)
	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	
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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	
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points
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!

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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: Jackson Beatty								
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: 1/7/26	Date: 1/7/26	Date: 1/9/26	Date: 1/14/26	Date: 1/14/26	Date: 3/9/26
	Evaluation:	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*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. RH

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. RH/DW/NS/HS Good job taking your time to make sure you maintained sterility! RH

(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: Jackson Beatty					
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	NS	NA
		DCE Score	100%		
Date: 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	S	DW	NA
		DCE Score	100%		
Date: 2/23/26	Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario	S	DW	NA
		DCE Score	92.9%		
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