EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2019

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: RJ Dante

Semester: **Spring**

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion:

Faculty: **Dawn Wikel,** MSN, RN, CNE**; Kelly Ammanniti,** MSN, RN**; Lora Malfara**, MSN, RN

Faculty eSignature:

Teaching Assistant: **Devon Cutnaw,** BSN, RN**; Monica Dunbar,** BSN, RN**;**
Nick Simonovich, BSN, RN**; Liz Woodyard,** BSN, RN, CRN

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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". 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, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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, Debriefing, & Reflection Journals
Nursing Care Plan 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**
Devon Cutnaw	**DC**
Monica Dunbar	**MD**
Lora Malfara	**LM**
Nick Simonovich	**NS**
Dawn Wikel	**DW**
Liz Woodyard	**EW**

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 instructor 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 member's initials.**

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/24/19	Acute pain r/t disease process	S KA		
2/1/19	Impaired Gas Exchange R/T Disease process	S DC		

Note: Students are required to submit two satisfactory care plans over the course of the semester. If the care plan is not evaluated as satisfactory upon initial submission, the student may revise the care plan based on instructor feedback/remediation and resubmit until satisfactory. At least one care plan 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	14	Make Up	Make eUp	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	NA	S	S	S	NA	S	S			S	NA	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	NA	S	S	S	NA	S	S			S	NA	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	NA	S	S	S	NA	S	S			S	NA	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	NA	S	S	S	NA	S	S			S	NA	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	NA	S	S	S	NA	S	S			S	NA	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	~~NA~~ S	S	S	S	S	S	S	NA	S	S			S	NA	
g. Assess developmental stages of assigned patients. (Interpreting)			S	~~NS~~ S	S	S	S	S	S	S	NA	S	S			S	NA	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	~~NA~~ ~~S~~	S	S	NA	S	S	S	NA	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, D/C IV, IV Pump Sessions		3T, 35 year old male, UTI/Acute Pain	vSim Modules	DH,D,PT/OT,IC	4N	Homeless Shelter	5T Rehab	Midterm	Wound Care	No Clinical	3T	3N			3N		
Instructors Initials	**KA**	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 6 1a,b,c,d: Your patient this week kept you busy but you kept up noticing, interpreting, responding to patient's assessment and his physical needs. I like that you were reflective in understanding your patient's fatigue was not just physical but emotional as well. EW

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	14	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			S	~~NA~~ S	NA	S	NA	S	S	NA	NA	S	S			S	NA	
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	~~NA~~ S	NA	S	NA	S	S	S	NA	S	S			S	NA	
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	~~NA~~ S	NA	S	NA	S	S	S	NA	S	S			S	NA	
d. Communicate physical assessment. Responding)			S	~~NA~~ S	NA	S	NA	S	S	S	NA	S	S			S	NA	
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	~~NA~~ S	NA	S	NA	S	S	S	NA	S	S			S	NA	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	~~NA~~ S	NA	S	NA	S	S	NA	NA	S	S			S	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

Week 1 (2f)- By attending the meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 3 – 2d – You did a great job thoroughly assessing your patient and communicating any abnormal findings to your assigned RN. KA

Wk 4 – By completing the vSIM modules you satisfactorily achieved these competencies. DC
WK6 2a,e: You were able to respond appropriately to the information you received from your patient's assessment to make decisions in additional assessment skills you would need such as using the Doppler. EW.

Week 11 – 2d – You did a great job taking initiative and completing focused assessments on our team of patients. KA
Week 11 – 2f – You did a nice job reviewing student charting and recognizing areas for improvement. You were able to professionally discuss the suggested changes with your team and assist them with making the appropriate corrections. KA

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	14	Make Up	MakeUp	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	NA	S	S	NA	S	**S**	S	NA	S	S			S	NA	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	S	S	NA	S	**S**	S	NA	S	S			S	NA	
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S	NA	S	**S**	S	NA	S	S			S	NA	
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S	NA	S	**S**	S	NA	S	S			S	NA	
e. Recognize the need for assistance. (Interpreting)			S	NA	S	S	NA	S	**S**	S	NA	S	S			S	NA	
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	S	S	**S**	S	NA	S	S			S	NA	
g. Manages a patient in physical restraints according to hospital policy. (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	NA			NA	NA	
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			NA	NA	NA	NA	NA	S	**S**	S	NA	NA	NA			NA	NA	
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	S	S	NA	S	**S**	S	NA	S	S			S	NA	
j. Identify recommendations for change through team collaboration. (Interpreting)			NA	NA	NA	~~NA~~ S	S	S	**S**	S	NA	S	S			S	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

Week 3 – 3i – You did a nice job choosing an appropriate EBP article and discussing how it associated to nursing as well as your patient. KA

Wk 4 – i: Good job with choosing a very applicable article this week. DC

WK6 4j: You were able to adjust to the assignment change and collaborated with other team members to receive report. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Midterm-Actively seek out opportunities to perform restraint skill if possible MD

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	14	Make Up	Make Up	Final
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	NA	S	NA	S	**S**	NA	NA	S	S			S	NA	
l. Calculate medication doses accurately. (Responding)			S	NA	NA	S	NA	S	**S**	NA	NA	S	S			S	NA	
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	S	NA	NA	**S**	NA	NA	NA	NA			NA	NA	
n. Regulate IV flow rate. (Responding)	S		NA	NA	NA	S	NA	NA	**S**	NA	NA	NA	NA			NA	NA	
o. Flush saline lock. (Responding)			NA	NA	NA	S	NA	NA	**S**	NA	NA	NA	NA			NA	NA	
p. D/C an IV. (Responding)	S		NA	NA	NA	S	NA	NA	**S**	NA	NA	NA	NA			NA	NA	
q. Monitor an IV. (Responding)			~~NA~~ S	NA	NA	~~NA~~ S	NA	NA	**S**	NA	NA	NA	NA			NA	NA	
r. Perform tracheostomy care. (Responding)			NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	NA			NA	NA	
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	~~S~~ NI	NA	NA	**NI**	NA	S	NA	S			S	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

Week 1 (3p)- By attending the D/C IV clinical and providing your full, undivided attention during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV you are satisfactory for this competency. NS/EW

(3s)-The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM/DC

Week 3 – 3k – You did a nice try observing the rights of medication and documenting appropriately in the MAR. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 3q – You did a great job assessing your patient's IV site and documenting findings appropriately. KA
WK6 3 q: You did monitor the IV and noticed it was still connected to the antibiotic. You interpreted the antibiotic had finished but the previous nurse had not flushed it; You responded by flushing the saline lock. You also primed new tubing and labeled it as the previous tubing had not been labeled. EW
WK6 3s: You are receiving NI because you did not have your FSBS number memorized and had to go look it up; This should be memorized by now. Please have this prepared for the next clinical. EW
Midterm-Please actively seek out opportunities to perform trach care. Also, for the skills day check off you will need to perform the fasting blood sugar skill. MD
WK 10 3s: Satisfactory completion of this competency in lab. EW

Week 11 – 3k – You did a nice job observing your team members utilizing the rights of medication administration. You did a great job observing the rights of medication yourself when passing medication to your patient and reviewing necessary labs, vital signs, and other data before administering the medication. You did an excellent job documenting the administration appropriately in the MAR. KA
KA

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	14	Make Up	Make Up	Final
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	NA	S	S	S	S	**S**	S	NA	S	S			S	NA	
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	NA	S	S	S	S	**S**	S	NA	S	S			S	NA	
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S	S	S	**S**	S	NA	S	S			S	NA	
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S	S	S	S	**S**	S	NA	S	S			S	NA	
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA	~~S~~ NI	NA	~~S~~ U	**U**	NA	NA	S	S			S	NA	
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	NA	S	NA	S	**S**	NA	NA	S	S			S	NA	
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	NA	S	S	S	**S**	NA	NA	S	S			S	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

Week 3 – 4a – RJ, you did a nice job communicating with your patient and developing a good rapport with him and his family. You did a terrific job advocating for your patient and helping him receive great care. KA

Week 3 – 4e – RJ, you did a great job posting comments to the CDG questions thoroughly and thoughtfully. You were respectful when responding to your classmates. KA

WK6 4a: Communication is definitely your strength as you even had someone who was not your patient request you! Keep using that to reach your patients and their families. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk6 4e: Receiving a NI as your CDG does not contain an in-text citation. Please let me know if you need assistance with this. Also, nothing deducted but keep in mind that your retrieved from on your reference is where it is from not the date. EW
Week 8 (4E)- You did not include an in-text citation for your CDG this week. Please seek out assistance if you need help. You received an unsatisfactory this week. MD
Week 9 (4E) – In order to become satisfactory again on this competency, I will ensure to have a in-text citation on my next CDG.

Week 11 – 4b – You did a wonderful job communicating with your team members and assisting them when needed. You helped your team have the necessary resources to provide great patient care. KA
Week 11 – 4e – You did an excellent job completing your CDG this week and thoroughly discussing your team leading experience with your classmates. KA
Wk 12 - Good job on your CDG! DC

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	14	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			S	S	S	S	S	S	S	S	NA	S	S			S	NA	
b. Utilize appropriate termino-logy and resources when providing patient education. (Responding)			S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
c. Evaluate health-related information on the intranet. (Responding)			NA	NA	S	S	NA	S	S	NA	NA	S	S			S	NA	
	KA	KA	KA	DC	MD	EW	KA	MD	MD	EW	EW	KA	DC					

****5a- You must address this competency in the comments on a weekly basis. For clinicals on 3T, 3N, 4N, or Rehab- describe the patient education you provided; be specific. For clinicals on alternative sites- describe a teaching need you identified.**

Comments:

Objective 5 (A) = I talked to my patient regarding on keeping his straight catheter as clean as possible. It was brought to my attention by the nurse about how he does not keep his catheter as clean as he should have. I slowly eased in asking my patient about this and he said it was hard due to his job but he said he does pretty good at home. I mentioned that keeping it as clean as possible will reduce the occurrence of UTI. Great job with educating your patient. This is a great point to focus on for him. You were not judgmental in anyway and provided important information to help prevent this in the future for him. KA

Objective 5 (A) Week 4 = I educated the patient about the benefits of sitting upright. Sitting in a upright position makes the lungs function easier. This is also a good position for one to be able to auscultate the lung sounds.This position is especially helpful in respiratory patients. Even small changes in position can help to open the airway more and provide them with easier breathing. DC

Objective 5 (A) Week 5 = I educated my patient on a couple of things. I educated my patient about not driving herself to and back from dialysis, as she is very new to dialysis. She doesn't fully understand how she can/will react to dialysis and especially she mentions that she is always tired after. So because of this I told her about it for her to keep herself safe. Another thing I educated my patient about is that she is able to look up most food nutrition online. She is on a low sodium diet and because of this she mentioned that she is reading the labels on what she eats but sometimes she comes across some food that doesn't have a label and is just skipping on this as he is not sure of the nutrition. Great job with educating your patient this week! You provided her with valuable information! MD

Objective 5 (A) Week 6 = I educated my patient on having him keep his leg straight. He was constantly bending it because of his pain due to a necrotic toe, I told him that he should lay it flat to ensure proper blood flow through the extremity as he already has a problem. He understood this but he said that he will try to not do this as much.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective 5 (A) Week 7 = Me and my group educated our patients regarding health and nutrition. We were able to give them information about what kind of food to eat and not to eat. We also talked to them about how exercise is good for you even if all they could manage is walking. We also handed out a healthy snack which was an orange to the patients. Great job! KA
Objective 5 (A) Week 8 = A education I provided to a patient was regarding about ensuring he swallows with a chin tuck. He had a craniotomy, and this affected his ability to swallow, he was not completely on thicken fluids but he was during dining group therapy. After the ST left he started eating like normal and even though there was no complication during this time, I ensured he knew why and that he should eat and drink with a chin tuck. Great job with education! MD

Objective 5 (A) Week 9 – The education I provided to my patient was to a gentleman that had a wound on both of his lower legs. When my preceptor left to get supplies, I chatted with the patient and found out he was a Army Veteran and goes to the the VA outpatient clinic in Sandusky and that we had the same health care provider over there. Because I know the services provided at the VA as I have regular appointments with them I educated him on this so he knows his resources he could do for better and proper wound care. He thought he had to go to the one in Cleveland for all of his major problems!

Objective 5 (A) Week 11 – A education I provided to my patient was regarding nutrition. My patient was admitted from multiple diagnosis including diarrhea. Since we had to look up medication for pharmacology and upon research that to counteract diarrhea is to eat plenty of fruits and fiber. I told my patient regarding this and he understood well and when I saw his food for lunch he ordered some fruits! Nice job! Eating bananas, rice, applesauce, and toast can help a patient firm up their stools if they have diarrhea. KA

Objective 5 (A) Week 12 = I educated my patient regarding taking regular baths and applying lotion to help him with his dry skin. I educated him in regards of rotating the spots where he administers his insulin as he mentioned he puts it the same spot every single time.Good job. You did a nice job of connecting with and educating this patient. DC

Objective 5 (A) Week 14 (Make up clinical) = I educated my patient regarding on how the contrast from a CT scan can affect their kidneys especially if they take metformin without waiting for the 48 hour period of holding that specific medication.

Objective																		
6. Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*																		
Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	14	**Make Up**	**MakeUp**	**Final**
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	S	NA	NA	NA	~~S~~ NA	**S**	NA	NA	NA	NA			NA	NA	
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								S	**S**					S		NA	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

Comments:

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

Week 8 (6B)-By responding appropriately to all of the questions in pre-briefing and the reflection journal, you are satisfactory for this portion of the high-fidelity simulation scenario #1. Please review the individual faculty comments from each section of the simulation.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: RJ Dante OBSERVATION DATE/TIME: 2/25/19 1115-1245 SCENARIO #: MSN Scenario #1

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (2)*					
• Focused Observation:	E	A	D	B	Questioning DVT/PE prophylaxis in report-seeking information. Sought information that was lacking in report by asking appropriate questions.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Noticed patient was having increased pain. Focused pain assessment performed to gain information.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

• Information Seeking: E A D B	Noticed in report that lack of information was provided. Asked patient about medication allergies and history of antibiotics. Also questioned potential allergies to enoxaparin. ID'd patient with name and DOB. Noticed discoloration of the left toes. Noticed redness in the right lower extremity. Noticed respiratory distress.
INTERPRETING: (1)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the potential dangers of administering too much pain medication. Interpreted pain as high priority. Obtained necessary vital signs, focusing on respiratory system. Interpreted circulatory assessment as abnormal. Interpreted vital signs as abnormal with abnormal resp. assessment. Interpreted findings as risk for PE.
RESPONDING: (3,4,5,6)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded by contacting the ED to confirm whether or not pain medication were administered. Focused assessment of affected leg. Focused circulatory assessment on left foot. Contacted physician regarding circulatory assessment findings. Good communication to physician regarding 6Ps. Provided pain relief promptly with administration of morphine. Correct dosage calculation and wasting procedure. Correct technique with IM injection using z-track method. Contacted OR and provided report and need for immediate action. Tubing primed at the sink. Expelled bubbles appropriately. How could this have been done differently? Use the IV pole maybe to elevate the IV fluid bag? Educated the patient on compromised circulation to the left lower extremity. Reassured the patient with communication. Good teamwork and communication with each other and the patient. Good education regarding medication purposes. IV piggy back set up appropriately with primary bag hanging below the secondary bag. Tubing labeled correctly.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	Saline flush performed to confirm catheter patency. Appropriate aseptic technique performed. Dressing changed. Was this necessary? How did the dressing appear? Kept pillow under the leg. What could be done differently to promote circulation to the foot? No ice or elevation if thinking compartment syndrome. Good body mechanics with assessment. Questioned patient regarding Coumadin non-compliance. Educated patient on DVT risks. Elevated HOB when resp. distress was noted. Applied O2. Focused resp. assessment. Contacted physician regarding assessment findings and patient compliant. Discussed noncompliance with Coumadin. Requested O2 order parameters. Received new orders from the physician. Reported orders back to the physician to confirm. Contacted lab and CT for STAT orders. Dosage calculation performed for IM morphine and witnessed wasted amount. IM injection performed with appropriate technique using the z-track method. Contacted physician with lab/diagnostic findings. Received orders and repeated back for confirmation. Remember needle safety with IM injection. Not performed correctly. Remembered with subq injection. Remediated the importance of needle safety in debriefing. Subcutaneous enoxaparin dosage calculated appropriately. Good teamwork. Remembered to address and communicate with the patient during dosage calculation. Education provided regarding enoxaparin. Preventing further clot formation. Education provided regarding importance of medication compliance.
REFLECTING: (7)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Actively participated in debriefing. Reflected on the patient scenario. Discussed positives from the scenario as well as ways to improve.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric: Noticing: Regularly observed and monitored a variety of data, noticed most useful information. Recognized most obvious patterns and deviations and used to continually assess. Actively sought information about the patient's situation. Interpreting: Generally focused on the most important data and sought further information but also attended to less pertinent data when electing to change the dressing. Compared patient's data patterns to develop interventions. Responding: Generally displayed leadership and confidence and was able to control the situation. Communicated well with health care team members and the patient. Clear directions were given to each team member. Developed interventions on the basis of most obvious data. Displayed proficiency in the use of most nursing skills; could improve speed or accuracy in certain areas. Reflecting: Evaluated and analyzed personal clinical performance with minimal prompting. Key decision points were identified. Demonstrated a desire to improve nursing performance and reflected on and evaluated experiencing while identifying strengths and weaknesses. Satisfactory completion of MSN simulation scenario #1.

/scholar_extra2/e360/apps/v8/releases/1555943362/public/upload/firelands/media/dropbox/67102-Week14MSNToolRJDanteMakeupclinical.docx

Week 13- See Simulation Scoring Sheet below.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	**Students Name:** RJ Dante **Date:** 1/24/19
****Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating**	**Nursing Diagnosis: Acute Pain r/t disease process**
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments:Nice job writing your nursing diagnosis. Your patient had both acute and chronic pain. You did a nice job focusing on your patient's acute pain and did not use any defining characteristics associated with his chronic pain which can be difficult. KA
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: RJ nice job on the goals section. Check your care plan for comments on how to improve the verbiage of some of the outcomes. KA
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 7 Comments: RJ, you did a nice job writing your interventions. Remember to include all necessary interventions. Please see comments on care map for additional areas where wording could improve to make intervention more clear. KA
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: RJ, you did a nice job completing the evaluation section of your care plan. KA
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 21 Comments: RJ, you did a nice job on your care plan. See the comments on your care plan for areas to improve in the future. You satisfactorily completed your care. KA

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	**Students Name:** RJ Dante **Date:** 2/1/19
****Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating**	**Nursing Diagnosis: Impaired Gas Exchange**
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1)1 Defining Characteristics (1) 0	Total Points 2 Comments: I would recommend to be more specific with your defining characteristics (how many liters of O2, is the cough productive or nonproductive and characteristics of sputum if it is productive, locations of lung sounds, etc.)DC
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 0 Attainable (1)1 Realistic (1)1 Time Frame (1) 1	Total Points 5 Comments: Good outcome goals. However, they do need to be more measurable. For example, if the patient is on RA, what is the goal for SpO2, what are the expected lungs sounds, etc.DC
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1)1 How Often (1)1 When (1)1 Individualized (1)1 Realistic (1)1 Rationale (1)1 All pertinent interventions listed (1)1	Total Points 8 Comments:Good job with your interventions. I would recommend to add your rationale for oxygen for SpO2 >92%. DC
Evaluation: (5 points total) Date (1)1 Goal Met/partially/unmet (1)1 Defining characteristics (1) 0 Plan to continue/terminate (1)1 Signature (1)1	Total Points4 Comments: Remember to more specific with your defining characteristics (Spo2 values, type and amount of O2, location and characteristics of lung sounds, etc)
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 19 Comments: Overall very nice care plan. It was well thought out and you prioritized the plan for your individual patient. Remember to be very specific when talking about defining characteristics. This allows for us to measure if the patient is meeting goals. Good job! DC

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	14	Make Up	Make eUp	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	S	S	S	NA	S	S			S	NA	
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	S	S	S	NA	S	S			S	NA	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S	S	S	S	NA	S	S			S	NA	
	KA	**KA**	**KA**	**DC**	**MD**	**EW**	**KA**	**MD**	**MD**	**EW**	**EW**	**KA**	**DC**					

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."**

Comments:

Week 1 Objective (A) = I believe my strength during this clinical was my ability to perform the skill that is needed to operate the glucometer. I have never operated one before and only seen the orderly's do it during my clinical is the only time I have seen the machine. With that said I believe I was able to operate it fairly well with no problems especially seeing how my other classmates did. Great job! I am glad this was a skill you were able to pick up and demonstrate easily. KA

*End-of-Program Student Learning Outcomes

Week 1 Objective (B) = My weakness during this clinical setting up the drip rate. Even though the skill was fairly easy to do, not having experience with this made it hard. To improve in this area I will review all the steps that is needed to get a accurate drip rate, on top of this if given the opportunity I will set 3 different drip rates before my clinicals at the hospital in week 3. Good plan This will be something you could practice during any scheduled open labs this semester if you wish. KA

Week 3 Objective (A) = I believe my strength during this clinical was my ability to have my patient "feel cared for". I say this as he mentioned that he felt like he was not getting the best care. I was an advocate for him and let my instructor know about this and she was able to have a cleaning lead clean his room as this was not done since he was admitted. On top of this, he felt comfortable enough that he started talking to me about his personal life and business (work). RJ, you did a terrific job advocating for your patient to the best of your abilities. Great job! KA

Week 3 Objective (B) = I say my weakness during this clinical was my documentation. Even though I believed I did a great job during this clinical, I have missed some things for example documenting what kind of scale I used to measure his pain. In order to fix this weakness, I will make sure that I will go to the computer lab and have at least 3 mini session going on meditech (test) to practice documentation so I will not make that mistake again. This sounds like a good plan. Documention is something that will get easier with time and practice. KA

Week 4 Objective (A) = My strength during this clinical was my knowledge base on the medication. As I reviewed the medication list given to us during orientation and studying it for the class and pharmacology quiz on respiratory. I was instantly able to identify the medication orders and what they do. I say this is a strength as if I did not know what they were I would have to spend additional time looking up everything I can find out about it but by being readily prepared I did not have to do this.Great job. Pharmacology can be difficult but your preparation with studying paid off. Continue with these great study habits. DC

Week 4 Objective (B) = My weakness during this clinical was my ability to give medication specifically methylprednisolone. I say this as I was supposed to give this medicine to the patient over a period of time which I did not. To make up for this weakness I will read at least 2 EBP articles regarding why making sure to look up and follow guidelines of IV push. I will do this before my next clinical. Good reflection. Methylprednisolone will be a medication that you give quite often so it will be good to have that knowledge of why you need to push it slower. DC

Week 5 Objective (A) = My strength during this activity was my patient communication skills. I was confidently able to talk to all of the patient during dialysis and get to know them a little bit on a personal level. During my clinical in DH, I asked permission to watch their procedure in a professional manner. One of the patients in dialysis mentioned that she felt safe during her treatment because of everyone around her and how nice everyone was. This is a great asset to have in the nursing field! Great job and keep it up! MD

Week 5 Objective (B) = My weakness during this clinical would be my knowledge on ambulating a patient. I know for the most part how to safely ambulate a patient. During this clinical I did not ambulate any patient, but I watched my preceptor ambulate them. During this I notice a bunch of extra stuff that she did, for example I always knew about standing close to your patient when moving them up but she had her foot block the patients foot so it does not slide. Though it was very simple and subtle, I have not thought of it or been practicing it that way as I have not had many patients to ambulate. Because of this it made me think of everything I know about ambulating a patient. With his all said, to improve in this area, I will practice ambulating 3 people before my next clinical rotation, I will use my gait belt and use the little "tricks of the trade" that my preceptor taught during these practice runs. Great job! Keep up the practice and you will do great! MD

Week 6 Objective (A) = I believe my strength during this clinical was my ability to hand out medications. I say this as compared to my other previous clinicals, this time I had more medication to hand out on top of antibiotic via IV and giving insulin. All in all I believe it went smooth. Before when I gave meds I was super stressed and nervous but this time it went really smooth besides giving the insulin shot as I had to give 21 units and I was not aware on the long clicking sound that occurs during administration. But with that experience I will be fully prepared to give any amount of insulin in the future!

Week 6 Objective (B) = I believe my weakness during this clinical was me being semi-ill prepared to do the blood glucose test. I was well aware on the procedure but what I was not prepared for was my knowing my log in code for the meter. I did have it on my phone but because of me not knowing it I delayed patient care. To improve in this area, I will ensure to memorize my log in number and recite it in my head at least 3 times a day until my next clinical rotation!
WK6 : I agree with both of these. You really did do a good job in passing meds and giving insulin. I am glad to know you also understand the need to know your glucose ID. EW

WK6 7g,h: You do a good job of listening to others and utilizing constructive feedback. You were reflective after each patient encounter trying to make the next one better. This is a great trait. EW

Week 7 Objective (A) = I believe my strength during this clinical was my communications skills. I have mention this before on a previous clinical that this was my strength, but I believe it is different because this was a completely different kind of clinical. I have never dealt with homeless people or be in a homeless shelter and have never actually done any of this at all and even with all of that said I was still able to stay calm and focused and talk to all of the people there with ease. I believe I was able to do this because of previous experience in my other clinicals. Good job! KA

Week 7 Objective (B) = For this clinical I think my weakness was not being able to fully give the major information these type of people had. Not that they are any different from us but because of the type of resources they have. With that said to improve in said area I will research more about nutrition in focus for homeless people, people at the hospital, and obese people. I will do this so when I encounter these people I will have sufficient knowledge to give to them regarding nutrition that would directly apply to them. It is important to know and understand all the available resources for patients that are available throughout the community. I think sometimes a lack of knowledge about what is available makes some available resources underutilized. KA

Week 8 Objective (A) = I believe my strength during this clinical was my ability to give out medication, It was stated previously on my previous clinical rotations that this has been my strength too, but I say it again that is my strength because I felt completely different during this clinical. I was not worried or nervous at all removing the medications from the medication dispenser, doing the proper checks, and administering it. It went so smooth that it was almost like it was second nature! You did an excellent job with medication administration! MD

Week 8 Objective (B) = My weakness during this clinical was my ability to fully be alert to the call lights. Even though I answered some of the call lights I wasn't able to fully get to all of them as a nurse made a comment that there are some call lights going on, for the record I was not just not doing anything, I was getting information with my fellow classmates but as we were talking I do not know why I did not notice or hear said call light. To improve in this area, I will be watching 3 videos regarding answering call lights before my next clinical. I will do this in order to get ideas on how to respond and what to do during these scenarios but also I will be hearing the sounds of the call light and I will be able to recognize this during my next clinical better! You will be able to achieve this goal! MD

Midterm-You are doing a great job! Remember in-text citations are very important to include in your CDGs. Also, remember you will need to perform a fasting blood sugar skill during the next skills day. MD

Week 9 Objective (A) = During this clinical I believe my strength was my understand to make sense of the situation of the patients during wound care. For example, there was a patient that had a wound on the bottom of her feet with poor healing. Because of the theory class and paying attention during class I was able to find out why this happened, the patient had diabetes. I say this is a strength is because during my earlier clinicals from last semester and even this semester, I was not able to fully connect the disease process to what was already taught and now I am able to for the most part or at least for diabetes!

Week 9 Objective (B) = My room for improvement during this clinical would be my ability to confidently do wound care. I say this as when I had to change a dressing, I already knew what to do but doubted myself and had to ask my preceptor. Though the whole reason for this clinical is to learn and the preceptor was there to assist, and that I have never done an actual wound dressing change on a real patient, I believe I should've been able to handle this better. To improve in this criteria I will make sure that I will reread the chapter about wound care that was taught to me before my next clinical! If there is time I will also ensure to attempt to perform this at the skills lab before my next clinical as well!

Week 11 Objective (A) = During this clinical I believe my strength was my ability in medication education. I say this as I encountered something during this clinical that has never happened, and I was able to handle it pretty well. During all my clinicals every time I gave medications out my patient never ask any questions regarding it, this time around my patient's wife was there and she was asking what the medications were and I was successfully able to give her the information she required! Nice job assisting your patient with gaining this information! KA

Week 11 Objective (B) = During this clinical I would say my weakness was my time management skills. More specifically during my team leader experience. Everything that I had to do and what my fellow students had to do was done in a timely manner, but I believe it could have been managed better on my part. We were supposed to be done by 1130 and I finished checking charting at 1140, even though it was only 10 minutes past the time, in a real-life scenario as a RN that 10 minutes is very important. So in order to improve in this area, I will go to meditech and get myself more familiar with the regular worklist that we use in order to be more efficient. I will spend at least 2 hours for this before my next clinical and I will split it into at least 2 sessions. Time management is something most new nurses need to work on. Even the best time managers can have the day get away from them and lose track of the time. This is a skill you will get better with in time. KA

Week 12 Objective (A) = My strength during this clinical was my ability to recognize my patient being hypoglycemic and follow appropriate FMRC protocol for this. I was able to recognize and act on this. I gave him juice and crackers to increase his sugar level which eventually did.

Week 12 Objective (B) = I believe my weakness for this clinical was my ability to do dressing changes. I did everything correctly in a timely manner and follow all the protocols but I believe it is my weakness during this clinicals because every step I did I had to double check with my instructor. To improve in this area I will make sure to go over the wound care handout and to practice at least two dressing changes before my next clinical!You were on top of monitoring and treating his hypoglycemia from the very start of the shift. Way to go! Continue to work on your confidence – you knew exactly how to change the dressing and did very well. DC

Week 14 (Make up clinical) Objective (A) = My strength during this clinical was my knowledge of how the CT scan works and how it affects the kidneys because of the contrast. I was able to give them information right away regarding this and the patient were very satisfied with the education. On top of this I was able to give education on how the MRI works, on how long it will take and also the possibility of having contrast and no contrast and how this will affect their whole situation regarding metformin.

Week 14 (Make up clinical) Objective (B) = My weakness during this clinical would most likely be taking the glucose level. I am proficient and have the knowledge on how to do it but I need to learn more on where to get the blood from in a sense sometimes I could get barely any blood. So with this it sometimes takes longer. I believe I must prepare the finger a little bit more before drawing the blood, so to improve in this, I will interview/ask at least 3 people I know that does finger stick to see what is their tricks of the trade but I will also look in the book and read the chapter regarding this to increase my knowledge in order for me to draw blood and have the finger stick go more smoothly.

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2019
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 3**	**Week 10**
	IV Math (3,7)*	**Assessment** (2,3,4,5,7)*	**Insulin** (2,3,5,7)*	**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: 1/7 & 1/9/19	**Date:** 1/8/19	**Date:** 1/8/19	**Date:** 1/10/19	**Date:** 1/11/19	**Date:** 1/16/19	**Date:** 1/22/19	**Date:** 3/22/19
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Instructor Initials	KA	KA	KA	KA	KA	KA	KA	EW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/19 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/19. KA
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. EW/KA/DW
(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. DW
(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 maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM/EW/MD/DC
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/EW

Week 2 Trach Care & Suctioning – During this lab, you were able to satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. The steps were completed in an appropriate sequence and sterility was maintained. You required one prompt to remember to don sterile gloves after removing the inner canula. Otherwise, well done. EL

Week 3 EBP Lab- During this lab, you were able to satisfactorily demonstrate three different routes to search for evidence-based nursing journals via the internet. You were attentive and actively participated. DW

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2019
Simulation Evaluations

vSim Evaluation Peformance Codes: **S**: Satisfactory **U**: Unsatisfactory			**vSim**						
	lical-Surgical) Vincent Brody	dical-Surgical) Skyler Hansen	al-Surgical) Jennifer Hoffman	)Juan Carlos (Pharmacology)	cal-Surgical) Marilyn Hughes	Vernon Russell (Fundamentals) *1, 2, 3, 4, 5, 6)	lical-Surgical) Stan Checketts	Harry Hadley (Pharmacology) 1, 2, 3, 4, 5, 6)	4, 5, 6)(Pharmacology) Yoa Li
	Date: 1/28/19	**Date: 1/30/19**	**Date: 1/30/19**	**Date: 2/12/19**	**Date: 2/25/19**	**Date: 3/26/19**	**Date: 4/15/19**	**Date: 4/25/19**	**Date: 4/29/19**
Evaluation	S	S	S	S	S	S			
Faculty Initials	DC	DC	DC	EW	KA	KA			
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	NA	NA			

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2019

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:
-

dw 1/3/19