

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Cindy Cisco

Semester: **Spring**

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion: 2/6/20

Faculty eSignature:

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

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
1/31/2020	Impaired Tissue Integrity	U 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 Up	Final
Competencies:			S	S	S													
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S													
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	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, D/C IV, IV Pump Sessions	3N, 60 y/o with Chest pain	3N, 68 y/o with perianal abscess	72 y/o male with metabolic													
	Instructors Initials	KA	KA	DC	DC	MD												

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

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:	S		S	S	S													
a. Perform standard precautions. (Responding)			S	S	S													
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S													
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S													
d. Appropriately prioritizes nursing care. (Responding)			S	S	S													
e. Recognize the need for assistance. (Interpreting)			S	S	S													
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S													
g. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			n/a	N/A	S													
h. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	S													
i. Identify recommendations for change through team collaboration. (Interpreting)			S	S	S													
	KA	KA	DC	DC	MD													

Comments:

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:																		
j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	S													
k. Calculate medication doses accurately. (Responding)			S	S	S													
l. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			n/a	N/A	n/a													
m. Regulate IV flow rate. (Responding)	S		n/a	N/A	n/a													
n. Flush saline lock. (Responding)			S	N/A	n/a													
o. D/C an IV. (Responding)	S		n/a	N/A	n/a													
p. Monitor an IV. (Responding)			S	S	n/a													
q. Perform FSBS with appropriate interventions. (Responding)	S		n/a	S	n/a													
	KA	KA	DC	DC	MD													

Comments:

Week 1 (3m,o)- 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 (3q)-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

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Wk 4 4(e) – CDG - Cindy – Remember that you need to have an APA reference listed. For the link that you gave, it did not send me to a specific article but just the main page of SAGE Journal. Even if you have a link to an article it must still be written in APA format (See email that I sent yesterday for additional APA resources) Also – remember when posting in the discussion to label your post with your name, floor and date. I would also recommend for conclusions/nursing implications to discuss what

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

the article suggests nursing can do to help improve the initial research question. What interventions were recommended in the article to help decrease fatigue in patients?
DC

Response: You did include a reference for your response, however, there was no in-text citation to the response. Please review the resources for APA that I sent out yesterday and remember there are also APA resources available in the school library to help in this area. DC

Week 5 4E-You did not provide an in-text citation in your response. You are receiving an unsatisfactory for not responding to how you will make progress toward this issue. Please respond in this section as to how you will remember your APA references and in-text citations from this point forward. Otherwise you will continue to receive unsatisfactory. MD

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													
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	S													
c. Evaluate health-related information on the intranet. (Responding)			S	S	S													
	KA	KA	DC	DC	MD													

****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:

5a. My area of strength would be working with IV pumps, hanging primary and secondary bags. Working in dialysis has helped me with this skill. **I AGREE Cindy. You did a great job participating in the IV lab and assisting your fellow students in the skill as well. KA**

5b. An area that I could improve on would be IV drug calculations. I plan to take the information about drug calculations and formulas and practice at clinicals with my assigned patient. **This sounds like a great plan. Using the calculations during direct patient care can help assist with the practical application of the formula. KA**

7a. An area of strength would be medication administration. **DC**

7b. Area of improvement would be finding appropriate outside resources for a pt pertaining to homelessness. **DC**

As we talked about on clinical, make sure to summarize your CDG with your own words and not just quoting the author. Also, remember to incorporate an appropriate APA reference and citation for your reply to another student. **DC**

5a. Pt education was given during medication administration on each medication and what they are taking it for.

5a. Pt education was given during medication administration on each medication and what they are taking it for. Educated pt on falls and use of call light when needing assistance. **Good! Medication education is so important when performing administration with patients, no matter their cognition. Also – Remember to label what week you are responding to (wk 5, etc). DC**

5a (week 5) A teaching need of my patient was the use of his oxygen. The patient seemed to get short of breath after long periods of therapy. I instructed the patient when he felt SOB he needed to put his oxygen on. **Very good! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	Make Up	Final
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			n/a	S-U	n/a													
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)																		
	KA	KA	DC	DC	MD													

Comments:

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

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: Cindy Cisco Date: 1/31/2020
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Tissue Integrity
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 0	Total Points 2 Comments: Your problem statement and etiology were on point. However, your defining characteristics need to be much more specific. For example, any lab listed needs to have it's numerical value or results (Hgb 8.1), Another example would be describing 'drainage.' What does drainage mean? Was it sanguinous, purulent, green, how much, etc. Your defining characteristics should be measurable. DC Defining characteristics improved. Good job! DC
Goal and Outcome (6 points total) Goal Statement (1) 0 Outcome: Specific (1) 0 Measurable (1) 0 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 3 Comments: There were two goal statements listed. Which one is your priority goal? Just like your defining characteristics your goals and outcome need to be more specific and measurable. They are attainable and realistic and applicable to your patient. DC Much improved specificity and ability to measure outcomes. DC
Nursing Interventions: (8 points total) Prioritized (1) 0 What (1) 1 How Often (1) 1 When (1) 0 Individualized (1) 1 Realistic (1) 1 Rationale (1) 0 All pertinent interventions listed (1) 0	Total Points 4 Comments: Although you listed some good interventions, there are more that would be applicable to this patient. Recheck on the prioritization of your intervention as well. Would vital signs be less of a concern than FSBS for this patient? The care plan should also have times listed (0800, 1200, PRN, etc) because every shift is different at a facility (some nurses may only have a four hour shift). Each intervention MUST have a rationale to tell us why you are performing this intervention for this patient. DC You could have put a few additional interventions related to the patient's skin condition and their diagnosis. However, much improved from original care plan! DC
Evaluation: (5 points total) Date (1) 0 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 0 Plan to continue/terminate (1) 0 Signature (1) 1	Total Points 2 Comments: No date or plan to continue/terminate listed. As mentioned above defining characteristics are not specific or measurable. DC All points met for this section. You do not need to specify specific interventions to continue since you did this in the previous section. DC
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan	Total Points for entire care plan = 11 Comments: Cindy, please review the nursing care plan guidelines sheet that is listed in Edvance under clinical

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

≤ 13 = Unsatisfactory care plan	resources. This will help, in addition to my comments, to help improve the careplan. You are on the right track but jst need to increase specificity and measurability. DC Thank you for being open to my suggestions yesterday. A great improvement in less than 24 hours! Keep up the good work. DC
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Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Date:
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis:
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
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 = Comments:

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

****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:

7a. My area of strength would be working with IV pumps, hanging primary and secondary bags. Working in dialysis has helped me with this skill. I AGREE Cindy. You did a great job participating in the IV lab and assisting your fellow students in the skill as well. KA

7b. An area that I could improve on would be IV drug calculations. I plan to take the information about drug calculations and formulas and practice at clinicals with my assigned patient. This sounds like a great plan. Using the calculations during direct patient care can help assist with the practical application of the formula. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7a. An area of strength would be medication administration.DC

7b. Area of improvement would be finding appropriate outside resources for a pt pertaining to homelessness.DC

7a. An area of strength would be medication administration. I am knowledgeable and feel confident when knowing the classification and side effects of each drug administered to the pt during clinicals. You did a great job with medication administration! DC

7b. Being more knowledgeable with APA format and care plans.It can be difficult to get used to APA format. Continue to utilize the resources provided and don't hesitate to come see me for additional support! DC

7a . My patient was taking a lot of different medications pertaining to HTN. After just testing over Endo/HTN and medications I was able to get a better understanding of the meds and documentation of BP/HR within the MAR. Great job! MD

7b. After talking with Devon and with the help of Monica they both sat with me and better explained APA format and being more detailed when it comes to care plans. After talking with them it definitely gave me a little more confidence and understanding. A goal would be by the next time I submit a care plan I hope to receive as satisfactory. I am glad we were able to help you! Keep practicing to continue getting better! MD

Week 5 7F- You did not turn in your clinical tool in time. Please remember to turn in your clinical tool by Saturday at 2200. MD

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2020
Skills Lab Competency Tool

Skills Lab Competency Evaluation	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)*
Performance Codes: S: Satisfactory U:Unsatisfactory	Date: 1/6 & 1/8/20	Date: 1/7/20	Date: 1/7/20	Date: 1/9/20	Date: 1/10/20	Date: 1/15/20	Date: 1/21/20	Date: 3/20/20
Evaluation:	S	S	S	S	S	S	S	
Instructor Initials	KA	KA	KA	KA	KA	KA	DC	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/20 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/20. 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. 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 maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM/MD

(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. Well done. DC

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2020
Simulation Evaluations

<u>vSim Evaluation</u>	vSim					
	Medical-Surgical) Vincent Brody	6) Juan Carlos (Pharmacology)	ical-Surgical) Marilyn Hughes	Medical-Surgical) Stan Checketts	Harry Hadley *1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
	Date: 1/27/20	Date: 2/10/20	Date: 2/24/20	Date: 4/13/20	Date: 4/23/20	Date: 4/27/20
Evaluation	S	S				
Faculty Initials	DC	MD				
Remediation: Date/Evaluation/Initials	NA	NA				

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2020

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:

Cindy Cisco 2/6/20

lm 12/16/19