

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2020**

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

Student: Audra Howes

Final Grade: Satisfactory/Unsatisfactory

Semester:

Date of Completion: 2-14-2020

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, 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)
2/3/2020	1	Did not turn in scavenger hunt form in on time.	2/5/2020

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
2/5/20	Risk for falls related to bilateral lower legs and feet swelling 2+ edema	U LM		

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	MakeUp	Final
Competencies:			S	S	S	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	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, D/C IV, IV Pump Sessions																
Instructors Initials	DC		KA	MD	LM													

Comments:

Week 3 – 1b – You were able to correlate your patient's symptoms with their disease process during post conference. KA

Week 3 – 1d – You did a nice job describing the purpose of the medications you were administering and how they related to your patient. KA

Week 5 (1b, d)- Audra, you did a nice job correlating your patient's symptoms and pharmacotherapy to her disease process. You formulated an accurate plan of care based on these findings. Great job! LM

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

Comments:

Week 3 – 2a – You did a great job completing a head-to-toe assessment and documenting it in the patient's EMR. KA

Week 3 – 2c – You did a nice job reporting and pertinent findings in your patient's assessment to the nurse. KA

Week 5 (2a, f)- Audra, you accurately performed a head-to-toe assessment on your patient and responded appropriately to her care needs. You charted in Meditech correctly and completed the required areas of documentation. Great job! LM

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

Comments:

Week 3 – 3h – You chose an appropriate article and did a great job summarizing it. The following are a few suggestions to help improve your summary in the future. Audra when summarizing your article try to include the type of research it is in the method section (i.e. quantitative or qualitative). Also describe what exactly they did to gather the information in this section. I could tell by your summary it was questionnaires. This information is best in the method section versus the conclusion section. KA
 Week 3 – 3j – You did a great job following the rights of medication. KA
 Week 5 (3b, d)- Audra, you demonstrated skillful and safe nursing measures throughout your clinical time this week for your patient. You prioritized your nursing care appropriately. Good job! LM

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

Comments:

Week 3 – 3p – You did a nice job assessing the patient’s IV site and documenting in the EMR. KA

Week 5 (3j, k)- Audra, you administered oral medications to your patient this week utilizing the 3 medication checks and performed the 6 rights of medication administration. You also knew to crush your patient’s meds due to her difficulty swallowing. Great job! LM

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

Comments:

Week 3 – 4e – You did a nice job completing your CDG this week. You responded to the original post and to a peer thoughtfully. When writing your journal article in APA format only the first letter of the first word of the title is capitalized and the first letter of the first word after a colon is capitalized. KA

Week 3 – 4 f & g – You did a nice job receiving report from the previous shift and providing a thorough report to the nurse when signing off at the end of your shift. KA

Week 4 4E- You did not use an in text citation or a reference in your CDG for PT/OT. This is required for all CDGs. Please respond to this with how you will prevent it from occurring in the future. MD

Week 5 (4a, b, e) Audra, you communicated effectively with your patient this week. You also communicated effectively to other members of the healthcare team. You provided an accurate CDG post this week. You also responded to a peer post and included a reference for each. An in-text citation was written accurately within your initial post however no in-text citation was noted for your peer post. Therefore an NI was given. Please refer to the APA formatting references in the clinical resources when citing your reference. Also, please make sure your reference is within the past 5 years. Magers, T. and L. (2014). An EBP mentor and unit-based EBP team: A strategy for successful implementation of a practice change to reduce catheter-associated urinary tract infections. *Worldviews on Evidence-Based Nursing*, 1(5), 2014, pp 341-343. doi:10.1111/wvn.12056. LM

Week 5 4E I overlooked the fact that I had to use a text citation for PT/OT. I will next time refer to the rubric before submitted. To correct this U. Thank you. LM

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	MakeUp	Final
Competencies:			S	S	S	S												
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S												
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	s	S												
c. Evaluate health-related information on the intranet. (Responding)			S	S	S	S												
			KA	MD	LM													

****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:

Patient had a rash on his groin, buttocks, abdomen and back. Teaching and education on keeping this area clean and dry under the folds of his skin from further breakdown to prevent this from reoccurring. Nice job. KA

Week 4-While waiting for our cookies to cool off we did a word search game at the Alternative Care Center. Taught or reminded the residents how to search for words and circle the ones they found. This would help with memory and eye and hand coordination Great! MD

Week 5- I encourage my patient to open her eyes while I was feeding her. I explained my movements and what I was doing when I was trying to feed her but she would not open her mouth. When she had opened her eyes she then knew and seen she was being fed. Great job! LM

Week 6 I observed the diabetic clinical this week. I observed Nathan communicating and teaching the patient different types of medication, sliding scale, counting carbs. He also used etiology in his teaching.

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)			N/A	N/A	S U	S												
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)																		
			KA	MD	LM													

Comments:

See Care Plan Grading Rubrics below.

Week 5- (6a)- Audra, please review my comments, revise your care plan, and resubmit the care plan by this Saturday, February 15th at 2200. LM

Week 8- See Simulation Scoring Sheet below.

Week 13- See Simulation Scoring Sheet below.

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Audra Howes Date: 2-5-2020</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Risk for falls related to bilateral lower legs and feet swelling 2+ edema</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 1 Comments: Audra, you provided an appropriate problem statement. This was appropriate for your patient. Your etiology and defining characteristics were switched. Defining characteristics are symptoms or clinical presentation such as edema. Your etiology could be written as--decrease in lower extremity strength; unsteady gait; prolonged bedrest/immobility; unstable balance upon standing. These are potential causes or reasons for the falls. AEB: bilateral lower leg and feet swelling 2+ edema. You need at least 2 more defining characteristics and they need to be related to the cause for the risk for falls. ROM-be specific, weakness upon standing...requires 3 assist and the use of a hooyer lift for transfers, extreme pain...These are some ideas for defining characteristics. LM</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>Total Points 1 Comments: Audra, you documented your positive, general statement as, "Patient will <u>improve chances of falling</u>" This statement sounds like your patient will have a greater chance of falling, state instead, "Patient will remain free from falls." All of your outcomes must match your defining characteristics by turning the outcome into a positive assessment using the SMART criteria. Please refer to the care plan guidelines. There is a specific example on the guideline sheet. Also, your outcomes and defining characteristics must correlate to the nursing diagnosis. You had mentioned that the patient will eat 50-80% of her meals, but this is not related to the fall risk/reduced muscle strength in legs. Please provide a time frame in which these goals/outcomes will be met. You did provide a specific outcome for leg swelling reduction. Good job. LM</p>
<p>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)</p>	<p>Total Points 6 Comments: Audra, you did a nice job providing specific interventions and rationale for each. Interventions need to be prioritized beginning with assessments, administration (doing), then education. Please re-organize your interventions and make sure all of the interventions are pertinent to the patient's fall risk problem. LM</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)</p>	<p>Total Points 2 Comments: Audra, you provided a date and stated that the goals were not met You need to state whether you are going to continue or terminate the care plan. Also, no signature was provided. LM</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = 10/22 Comments: Audra, please resubmit your nursing care plan by this Saturday, February 15th at 2200. Please review all of my comments before resubmitting and please follow the nursing care plan guidelines. There are specific examples to use as your guide. The guidelines are found on Edvance under resources in the clinical resources section. You were specific with the information you did provide. However, please review the guidelines. If you would like to meet to discuss the whole care plan, please contact me and I will be happy walk you through the process. LM</p>

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

****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:

I was able to understand the insulin scale and how to administer the insulin. Most of the IV math problems that were written on paper I understood that as well. I could use some improvement at the station were the IV bags and drip rate math problem were. Those were a little more difficult for me to do.

The first day of clinical was a little overwhelming being a LPN and not really knowing what was expected. Took me some time to figure out where things were located and the CBG had me concerned if I was doing it right. Overall it went well I learned how to use to Pixis system this I was not familiar with. I am still getting used to the hospital setting which is more than a little different to a nursing home or an assistant living. I need to remember to scan the patient ID band when administering medication and the medication itself. This is a great goal. You did well for your first day. Please try to make your goal measureable in the future (i.e. I will make a checklist to be used every time I go to clinical to remind myself the proper steps for medication administration using the scanning system.). KA

Week 3 – 7f – Incorrect tool submitted. Please make sure to use the most up-to-date tool with your faculty members comments from the previous week next time. KA

Week 4 This was a busy week had a different place to be each day. I was very organized had everything I needed for the Alternative Care Center very enjoyable and went smoothly. **Wonderful! MD**

Week 4 Towards the end of the week Friday I found myself less organized as I wanted to be, I had all my papers together for the PT/OT and infection clinical but did not realize the questions for the PT/OT wanted ages and dx for the patients we have seen. I did obtain them later on when I realized I need this. Next time I will re-read the discussion, and questions and write them down before my clinicals. **Great goal! MD**

Week 4 7F- You did not turn in your scavenger hunt form in on time this week. This is very important. Please respond how you will prevent this from occurring in the future. MD

Week 5 7F. I had all my papers together on the table to turn in that morning and forgot the yellow one which I did not realized I had not turn in until I got a text from Dawn. In the future I will put my papers in a folder and keep them together to fix this U. **Thank you. LM**

Week 5 My area of weakness. I felt unorganized when I got home I had papers everywhere of what I wrote down regarding my patient. I had to organized this before the second day of clinical. My strength was I felt like I knew a little bit more of what was expected. My charting had increased and more confident then the first set of clinical this semester. **Audra, this is an appropriate area for growth. Please provide additional information for your plan to continue organizing your papers for clinical and how often you will practice your plan. You provided an appropriate area of strength. LM**

Week 6 I can get and understand the frustration of someone who is diabetic and trying to follow their personal plan to reduce their blood glucose level. This seem it may be harder for some people then others. With their lifestyle, age, comprehension. I feel my weakness would be knowing these medication as Nathan does there were so many more medications then I thought.

Week 6 I can sympathized with the patients wanting to feel better and getting the help. The help is out there and the information is there. They need to find a way to get the help and be diligent at working on their diet, finger stick, and carb counting. My strength would be empathy and understanding.

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
Performance Codes:	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)*
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	DC	DC	DC	DC	DC	DC	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

EBP Lab- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing an example article to determine appropriate selection and information needed when summarizing a research article. DW

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

vSim Evaluation	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
Performance Codes: S: Satisfactory U: Unsatisfactory	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	MD	LM				
Remediation:	NA	NA				
Date/Evaluation/Initials						

* 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:

This week was a lot of material that we covered. I think I done well considering I was feeling overwhelmed and not well prepared for what was ahead of me before I started. The instructors were great and easy to talk to when I had questions, and I did. They made it easier to understand what I watched on the video and read. 1 Week down and many more to go. I am hopeful that things will start making a little more sense like CBG, evidence base articles, citations, and references. When and how to do them. Thank you for all you do it is well appreciated.

Student eSignature and Date: Audra Howes 2-14-2020

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lm 12/16/19