

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2021**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Liz Woodyard, MSN, RN;  
Kelly Ammanniti, MSN, RN; Monica Dunbar, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** Devon Cutnaw, BSN, RN; Nick Simonovich, BSN, RN

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written 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, PEARLS 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
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Devon Cutnaw</b>	<b>DC</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Lora Malfara</b>	<b>LM</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>
<b>Elizabeth Woodyard</b>	<b>EW</b>

## 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.

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**\*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
2/4/2021	Impaired Physical Mobility	Satisfactory/MD	NA	NA

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.

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**Objective**

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Final
<b>Competencies:</b>			S	S	S	NA	S	NA								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	NA	S	NA								
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	NA	S	NA								
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	NA	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	Rehab, 51, chronic lower back pain.	4N, 56 Male, generalized weakness, but had	Rehab, 68, bilateral knee surgery, there for rehab	NA	3N, 89, pancreatitis	NA								
Instructors Initials	<b>KA</b>		<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>DW</b>	<b>NS</b>									

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, D/C IV, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. EW

Week 3 objective 1 (a-h)- Becca, you analyzed the pathophysiology and correlated your patient's signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a history of lumbar spine surgery and a history of alcohol and drug abuse, as well. You tried to balance his pain medication regimen knowing this information. We discussed this in great detail. You interpreted lab results, nutritional needs, and medical treatments to guide you in your decision-making process. You came prepared for clinical each day. Great job! LM

Week 5 1A-H-Great job this week! You have satisfactorily completed this competency. MD

Week 7 1(a-h) – This week we were able to discuss various pathophysiology's related to the patient's you oversaw as team leader. You were able to discuss the manifestations, diagnostics, and treatments for each. For your own patient on day 2, you were able to discuss pancreatitis and the pathophysiology involved including the underlying cause of gallstone. You identified the patient's elevated lipase and identification of gallstone on the CT. You discussed the treatment being related to letting the digestive system rest with NPO status, IV fluids, and pain medications. You were able to identify the importance of slowly advancing her diet as tolerated. Nice job this week correlating your patient's pathophysiology of her disease process with the nursing care that was required. NS

**Objective**

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	NA	S	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			S	S	S	NA	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	S	S	NA	S	NA									
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	S	S	NA	S	NA									
d. Communicate physical assessment. Responding)			S	S	S	NA	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	NA	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	NA	S	NA									
	<b>KA</b>		<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>DW</b>	<b>NS</b>										

**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 objective 2 (a-f)- Becca, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. You responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You were comfortable accessing and documenting in the EMR. Great job, Becca! LM

Week 7 2(a,f) – Nice job with your assessment this week. You were able to understand the prioritization of focusing on her GI system related to her admitting diagnosis of pancreatitis. You were able to note tenderness on palpation without any further GI complications. Your documentation was very thorough and provided good detail regarding your assessment findings. Great job. NS

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

**Comments:**

Week 3 objective 3 (b, c, d, f)- Becca, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You recognized your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, use of assistive devices, hygiene needs, and emotional needs. You organized and prioritized

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your time well, including structuring your medication pass around OT and PT times. You applied principles of asepsis when performing a daily dressing change on your patient's lower back area. You recognized the importance of maintaining aseptic technique while performing this task. You did a great job! LM

Week 5 3F-This week you had the opportunity to bladder scan your patient and perform a straight cath. You were successful in maintaining sterility throughout the procedure. Great job! MD

Week 7 3(c,d) – As team leader this week you were required to understand the importance of organizing nursing care effectively and prioritizing appropriately. I thought you did a nice job of prioritizing the patient's you were overseeing based on acuity and needs. You were also able to prioritize medication administration based on orders and time management. You did a great job of following up with your peers to ensure important aspects of care were completed and addressed. You were active, engaged, and led your peers throughout the day with good communication. Overall a great job with this experience! 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	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	NA	S	NA									
j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	S	NA	S	NA									
k. Calculate medication doses accurately. (Responding)			S	S	S	NA	S	NA									
l. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NA									
m. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	S	NA									
n. Flush saline lock. (Responding)			NA	NA	NA	NA	S	NA									
o. D/C an IV. (Responding)	S		NA	NA	S	NA	NA	NA									
p. Monitor an IV. (Responding)			NA	NA	NA	NA	S	NA									
q. Perform FSBS with appropriate interventions. (Responding)	S		NA	S	NA	NA	S	NA									
	KA		LM	DC	MD	DW	NS										

**Comments:**

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

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

Week 3 objective 3 (j, k)- Becca, you administered several medications to your patient this week. You were knowledgeable about each medication's use, mechanism of action, dosage, route, common side effects, pharmacologic classification, and nursing considerations. It was difficult, at first, trying to coordinate your med pass around your patient's therapy schedule. You rose to the challenge of passing meds the first day on the rehab unit. You observed the rights of medication administration and completed the 3 medication checks appropriately. You learned how to return medication that your patient refused along with charting the refusal appropriately. Great job! LM

Week 5 3O-Excellent job with D/C IV! MD

Week 7 3(j,k,l,m,n,p,q) – Awesome work with medication administration this week. You prioritized the administration of medications on three separate patients as team leader and ensured the medications were administered safely with your peers. Accurate dosage calculation was performed in response to insulin administration based on corrective scales and identifying the need to split a pill in half in another room. You gained experience administering IV therapy by switching out bags of a continuous IV infusion of sodium chloride. You were able to regulate the flow rate based on physician orders and monitored multiple IV sites to prevent complications. Great job with your first saline flush! You were able to use appropriate aseptic technique, visualized blood return, and confirmed patency of the IV line by assessing the IV site. You were also to perform and assist with FSBS as team leader. Overall great job in these areas! NS

**Objective**

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

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

**Comments:**

Week 3 objective 4 (a, b, e)- Becca, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You explained each task before performing them. You collaborated with OT and PT regarding your patient's care and follow up therapy needs. You were not afraid to ask questions directed toward the Occupational Therapist and Physical Therapist while your patient was completing his therapy. You accurately completed a detailed CDG,

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

including your initial post and peer post. You followed the directions correctly. You also followed proper APA format for your reference. Remember when writing an in-text citation to include the year of the article in parentheses along with the author and page number (which you did include). Excellent job, overall! LM

Week 4 (b,e). – You did a good job on your CDG and posted an appropriate reply to a peer. It was applicable to your patient and allowed the reader to see the possibility of patient educational gains. However, please remember to be professional when an instructor is providing guidance for improvement. We want to ensure that you improve as a nurse and give constructive suggestions to help prosper your education. If you find that you disagree with an instructor, it is ok to address this but not in a patient’s room. Also, keep in mind that if you are verbal expressing your frustrations in front of a patient (after not being able to do something quickly, find a needle, etc) this could make the patient nervous and decrease their trust in our abilities. Keep working on this and I have no doubt we will see improvement! DC

Week 5 4B-This week you were reminded of proper place and timing for comments and how to ask appropriate questions in front of the patient. Remember-there is a time and a place for questions and comments. Please continue to grow in this area. MD

Week 7 4(b) – It appears that you were able to reflect on previous experiences related to professional communication. I thought you did a good job all week in communicating with me, the patients, and your peers. You were engaged with your peers as team leader, communicated effectively, and collaborated as an accountable member of the health care team. Good job! NS

Week 7 4(e) – Overall very nice work with your CDG this week. Your responses were detailed, thoughtful, and enhanced the conversation. You supported opinions with research and demonstrated good thoughts in your reflections. All necessary criteria for a satisfactory evaluation was met according to the CDG grading rubric. A tip for the future in regards to APA style formatting: first off, I appreciate you using resources outside of the course material to enhance your post. For the in-text citation and reference on your initial post, you would want to locate the author, or in this case, reviewer of the information listed. At the bottom of the page Dr. Jennifer Robinson with a date of March 13, 2019. A correct in-text citation for this reference would be (Robinson, 2019) rather than (Rhabdomyolysis). For the reference, it would be as follows:

Robinson, J. (2019, March 13). *Rhabdomyolysis*. Retrieved from <https://www.webmd.com/a-to-z-guides/rhabdomyolysis-symptoms-causes-treatments#1>

Purdue OWL is a great resource for help with APA formatting. Let me know if you have any questions! NS

**Objective**

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	NA	S	NA									
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	NA	S	NA									
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	S	NA	S	NA									
c. Evaluate health-related information on the intranet. (Responding)			S	S	S	NA	S	NA									
			LM	DC	MD	DW	NS										

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

**Comments:**

Week 3A. A teaching need for my patient would be drinking more water. My patient refused water every time I asked. He would only drink chocolate milk and pop. I tried explaining the importance of water especially since he was on strong pain medications and would get constipated. He kept refusing water. **This is an appropriate teaching need for your patient. Drinking water is extremely important. Also, you can use this opportunity to explain that milk may constipate him as well and chocolate contains caffeine which can contribute to dehydration. What are some other interventions that can be instituted to help reduce constipation? Great job! LM**

WEEK 4. A) A teaching need for my patient would education about nutrition. My patient was considered anorexic according to the charts because within the last 2 months he has lost 40-60 pounds. When watching him eat his meals, he would barely touch his food or not touch it all. He claimed he had no appetite, and nothing tasted good. I feel like he had better education about nutritional intake he would start to feel better and have more strength. I tried to explain to him that he needs to eat, but he was then put on NPO for surgery. I feel like if I had more time with him I could get into his head that food will give him more energy to regain his strength. **It can be hard to address education in our limited interactions with patients. I felt that you connected with him and communicated education effectively. Good job! DC**

WEEK 5A.) I feel like a teaching need for my patient was that he was experiencing urinary retention and we did get to straight cath him, but there was an order to put a foley in him and I feel like I could have explained to him that we need to insert the foley because many complications can occur with high levels of post residual voids in the bladder. I did explain when I first walked into his room that we had an order for a foley and why we needed to place it, but he denied, Monica and the nurse talked to him more, but he was still refusing. Hopefully he did allow them later to put the foley in. **You did a great job with education. Sometimes patients need a little extra encouragement. MD**

WEEK 7 a.) A teaching need for my patient was that I explained that we should keep her bed at a higher position because her SpO2 did drop when she was laying flat. I encourage her to deep breath and positioned her up higher, but I didn't want her to be in pain sitting up because of her pancreatitis. Having her higher in bed and taking deep breaths will help her blood get more oxygen in it. **Awesome!! You were able to use non-invasive nursing interventions and education to help improve your patient's respiratory status. The education provided will help prevent potential complications from arising during her hospital stay. Great job! NS**

\*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	Make Up	Make Up	Final
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	NA	NA	NA									
			LM	DC	MD	DW	NS										

**Comments:**

See Care Plan Grading Rubrics below.

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

<b>Objective # 6a:</b> Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	<b>Students Name:</b> Rebecca Norman <b>Date:</b> 2/4/2021
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	<b>Nursing Diagnosis:</b> <b>Impaired Physical Mobility</b>
Nursing Diagnosis: (3 points total) <b>3</b> Problem Statement (1) <b>1</b> Etiology (1) <b>1</b> Defining Characteristics (1) <b>1</b>	Total Points <b>3</b> Comments: <b>Very good. MD</b>
Goal and Outcome (6 points total) <b>6</b> Goal Statement (1) <b>1</b> Outcome: Specific (1) <b>1</b> Measurable (1) <b>1</b> Attainable (1) <b>1</b> Realistic (1) <b>1</b> Time Frame (1) <b>1</b>	Total Points <b>6</b> Comments: <b>Good. MD</b>
Nursing Interventions: (8 points total) <b>6</b> Prioritized (1) <b>0</b> What (1) <b>1</b> How Often (1) <b>1</b> When (1) <b>1</b> Individualized (1) <b>1</b> Realistic (1) <b>1</b> Rationale (1) <b>1</b> All pertinent interventions listed (1) <b>0</b>	Total Points <b>6</b> Comments: <b>Only one of your interventions actually pertain to the nursing diagnosis of impaired mobility. You could have used PT, OT assessments for interventions along with education on the importance of movement for the patient. All of your interventions need to relate to how you want to improve the defining characteristics. If you need further assistance with this please reach out. MD</b>
Evaluation: (5 points total) <b>5</b> Date (1) <b>1</b> Goal Met/partially/unmet (1) <b>1</b> Defining characteristics (1) <b>1</b> Plan to continue/terminate (1) <b>1</b> Signature (1) <b>1</b>	Total Points <b>5</b> Comments: <b>Well done. MD</b>
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 = <b>20</b> Comments: <b>This care plan is Satisfactory. MD</b>  Faculty/Teaching Assistant Initials = <b>MD</b>

<b>Objective # 6a:</b> Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	<b>Students Name:</b>  <b>Date:</b>
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	<b>Nursing Diagnosis:</b>
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:  Faculty/Teaching Assistant Initials =

**Objective**

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	NA	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	NA	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	NA	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	NA	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	S	S	NA	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	NA	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	NA	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	NA	S	NA									
	<b>KA</b>		<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>DW</b>	<b>NS</b>										

**\*\*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:**

A.1 My strength this week was catching on really fast to the IV math. I thought it was going to be hard, but it began to be very easy. **Terrific job! KA**

B.1 My area for improvement is getting more fluent with inserting a urinary catheter and maintain a sterile field. I have already started practicing on a big stuffed animal, I can't insert it, but I do practice all the steps as if I was a real patient. I want to practice this at least 3 times a week and next time there is an open lab, I want to attend and practice it on the sim dolls. **This is a great measurable goal to help you improve your sterile technique and your urinary catheter insertion technique. Nice job! KA**

\*End-of-Program Student Learning Outcomes

Week 3 A, My strength this week would be that during OT/ PT I was asking questions to why they were doing these certain exercises or activities and I found it very interesting to why a simple card game could help my patient with getting back to his normal activities of daily living. **Great observation Becca! You recognized the importance of using a variety of creative activities to accomplish goals to help your patient return to independence. LM**

Week 3 B, My weakness this week would have been trying to understand my patients pain level. I could not understand that no matter how many pain medications he was on he was still stating his pain level was very high, but I talked to Lora about it and she explained to me all the factors about what else could contribute to his pain. I think the best way to learn from this is just to understand that pain is subjective to the patient and we as nurses need to understand that and help minimize the pain without causing damage to them, like causing them to be addicted or hurt their liver. Next time, I want to be more understanding. To meet this goal already I have looked up many articles about patients that suffer from chronic pain and that has really given me a better perspective. **Becca, this is a great observation. You tried to understand your patient's pain management regimen and noted that nothing was alleviating his pain other than potent pain medications. It is difficult when we, as nurses, do not understand or "forget" that pain is subjective; it is how the patient perceives the intensity of their pain. You chose an appropriate article for your CDG post to help you understand pain and how the use of nonpharmacological methods can also be used to help reduce pain or at least make the pain tolerable. Great job! LM**

Week 4a. I think my strength this week was getting to the call lights whenever I heard them. I feel like everytime I hear one I'm busy with a patient or someone already has gotten it. My patient was asleep a ton, so I had the opportunity to get call lights and see different patients and help different patients. **You did well helping out with call lights on the floor. You also did well assisting your peers. DC**

Week 4b. I think my weakness this week was just being passive when it came to my patient. My patient was not the most pleasant to work with, and he would not let me do some of my assessments. I think if I just explained better and just would have told him this is what I have to do, instead of asking him if I could do this assessment, explain and tell him that I have to do this because it is a part of the orders and it will benefit him in getting better.**DC**

Week 5a. My strength this week was taking advantage of the opportunities I got. This week I got to discontinue an I/V, do a straight catheter and I changed my patients dressing 3 different times. I was sad that I didn't get to do a foley, but as scared I was for all these first intervention I have not had much experience with, I took advantage and jumped at the ideas when Monica told me I get to do these new things. By the second day I was doing the dressing changes and documenting the dressing changes by my own without much help. **You did an excellent job with all of these new skills! MD**

Week 5a. My weakness was confidence, I definitely lacked that when it came to removing the patients IV catheter. I felt like I was going to hurt him or mess up taking out. We never practiced doing it, we were shown and watch videos. I was scared, but after doing it I was like that wasn't bad. I think I just have to show my confidence and believe I know exactly what I'm doing, because I do. **You did a great job. Remember to take guidance from your instructor as well. We will not let you fail. How do you plan on improving in this area? MD** I plan on practicing and reading over my skills folder RN

Week 7 a.) I implemented a nursing intervention and it helped. Her SpO2 was 92% and I used my nursing knowledge and encourage deep breathing and raised her head of bed and it worked. Her SpO2 jumped to 97% within a couple of minutes. I used my knowledge and was confident enough to try it and she got better. I explained to the nurse what I did too make sure the nurse would watch her and make sure to encourage deep breathing with her. **Excellent strength to note! You were able to use nursing judgement and interventions learned during theory time to implement with your patient. You were able to avoid more invasive interventions or unnecessary use of oxygen therapy to help improve her respiratory status. Awesome job! NS**

Week 7 b.) My weakness was not being in the patients room more. She was sleeping a ton, but I feel like if I was there with her and talked to her more I could have learned more about and built more of a bond. I did get to answer lots of call lights when I wasn't in her room, that was neat to see and meet new patients, but maybe I should have spent more time with her and reading the chart and looking up her history with her, maybe I could have helped her feel better, because she did seem very anxious and guarded about her condition. I think the best way to improve is to build that bond by talking with them and understanding them better. Sometimes patients just need someone to talk too and I think I could have been that for her. I am going to try to stay in the rooms longer and try to talk to them and make them feel safe and comfortable. **This was a good reflection, Becca. I appreciate the insight provided and your desire to connect more with your patient. As you mentioned, she was tired and not feeling well. Sometimes rest for patient's becomes more a priority to allow them to heal. I love that you remained busy by answering call lights to gain experience with a variety of patients. This helps tremendously with communication and responding to unfamiliar situations. I think your thoughts on her potentially just needing someone to talk to is great. As a student, take advantage of the extended time with patients providing therapeutic care. I think your reflection and plan for improvement with help in the future. Keep up the hard work! NS**

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2021**  
**Skills Lab Competency Tool**

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 11</b>
Performance Codes: S: Satisfactory U:Unsatisfactory	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/6 & 1/7/21	<b>Date:</b> 1/5/21	<b>Date:</b> 1/5/21	<b>Date:</b> 1/6 & 1/7/21	<b>Date:</b> 1/11/21	<b>Date:</b> 1/13 & 1/14/21	<b>Date:</b> 1/13 & 1/14/21	<b>Date:</b> 3/26/21
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Instructor Initials	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/4/21 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/6/21. KA/DW

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. 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/EW

(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**

(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

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Sterility maintained and 1 prompted needed for airway suctioning. Great job! Efficient, thorough and sterility maintained for tracheostomy care. Nor prompts needed for tach care. DW

(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. EW

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2021  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>								
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Date:</b> 1/25/21	<b>Date:</b> 2/8/21	<b>Date:</b> 2/19/21	<b>Date:</b> 2/22 & 2/23/21	<b>Date:</b> 4/6 & 4/7/21	<b>Date:</b> 4/13/21	<b>Date:</b> 4/22/21	<b>Date:</b> 4/26/21
Evaluation	S	S	S					
Faculty Initials	LM	DW	NS					
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA					

\* Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2021**

**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:

lm 12/18/20