

**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)
2/17/21	7.5 hours	Missed clinical	4/14/21
2/23/21	1 hour	Simulation Evaluation not completed	3/13/21 KA

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Elizabeth 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
2/10/2021	Acute Pain	Satisfactory/MD	NA	NA
3/13/21	Impaired Urinary Elimination	S/KA	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.

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
Competencies:			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	NI	S	N/A	S	S	N/A	N/A	S			
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S			
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	S	S			
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	N/A	S	S	N/A	S	S	N/A	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	FRMC 3T 1 st pt. 79 CKD/chest pai 2 nd pt. 78	FRMC 4N PT:57 Altered mental	No clinical site this week.	FRMC 5T rehab 74 year old female with	FRMC 4N 84 year old female with right hip	NO CLINICALS		FRMC 3T 73 yr. old male with urinary	NO CLINICAL	PT/OT IC AND DH	REHAB 5T 82 YR. female with exacerbation			
Instructors Initials	DC		NS	EW	DW	MD	EW	DC	DC	KA	DC	DW				

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 1(a-h) - Kelly, you did a very nice job correlating your patient's disease process to the nursing care that was needed. On day one, your patient with CKD requiring dialysis had alterations in cognition and vital signs. You were able to interpret his lethargy and hypotension as being related to her dialysis treatment after missing several treatment days. On day 2 you were able to interpret his admitting symptoms as being related to non-compliance with blood pressure medications. You were able to discuss how this impacted his overall health and the potential complications based on his medical history. (f) you were able to collaborate with the Speech Therapist in regards to his nutritional needs due to his residual effects following his stroke. You were able to discuss a safe diet when returning home to prevent aspiration. Great job! NS

WK4 1A-H: Kelly you did a great job correlating the diagnosis with testing, labs, and pharmacology. EW

Week 6 Objective 1-This week you did a great job with achieving this competency and correlating the disease process to your patient. MD

WK7 1A-H: Nice work correlating the patient's dx. with treatments, plan of care, pharmacology, and mobility. EW

Week 9 – 1a – You did a nice job discussing your group of patients and their disease process on clinical and in clinical debriefing. KA

Week 9 – 1b – You did a great job correlating your team's patients symptoms with their disease processes and reasons for admission. KA

Objective

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

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

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 2(a,f) – Great job with your assessments this week. For your patient admitted on day 2, you were able to noticed his residual weakness to the left side and implemented nursing interventions to keep your patient safe when ambulating and eating. You were able to respond to your assessment findings both days by performing focused assessments and following up with necessary care. You did a great job with your documentation this week providing accurate portrayal of nursing care that was provided. Awesome work with your nurses notes and communicating with the health care team regarding delays in treatments with rationale. NS

WK4 2 D,E: Appropriate assessment with recognition of what you needed to focus on for each patient cared for. You were able to communicate this as well. EW

Week 6 2F-Kelly-This competency was changed to a satisfactory. You did an excellent job with accessing electronic information while you were taking care of a patient and while you were team leader. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 – 2a – You did a great job completing appropriate focused assessments on each of your team members patients. KA

Week 9 – 2c – You did a great job assisting one of your team members in providing a skin assessment and providing appropriate wound care with the assistant of the wound care nurse. KA

Week 9 – 2d – You did a nice job communicating your assessment findings to your nurse and other appropriate healthcare professionals to ensure proper care of the patient. You were able to recognize changes in your patient's status and reported them immediately. You were extremely organized as the team leader and were able to anticipate your team member's needs ahead of time. KA

Week 9 – 2f – You did an excellent job reviewing charting in a timely manner and assisting your team members in making necessary changes to their documentation. KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	N/A	S	S	N/A	S	S	N/A	S	S				
a. Perform standard precautions. (Responding)	S		S	S	N/A	S	S	N/A	S	S	N/A	S	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	N/A	S	S	N/A	S	S	N/A	S	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	S	S	N/A	S	S	N/A	S	S				
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	S	S	N/A	S	S	N/A	S	S				
e. Recognize the need for assistance. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A S	S	N/A	S	S	N/A	S	S	N/A	S	S				
g. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A				
h. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	S	S				
i. Identify recommendations for change through team collaboration. (Interpreting)			S	S	N/A	S	S	N/A	S	S	N/A	S	S				
	DC		NS	EW	DW	MD	EW	DC	DC	KA	DC	DW					

Comments:

Week 3 3(b,c,d,f) – I was impressed with your nursing skills and ability to prioritize appropriately this week. On day one you noticed a drop in your patient’s blood pressure and responded by obtaining a manual blood pressure to confirm your findings. You followed up by assessing your patient’s mental status and frequently re-assessing the blood pressure. You were prompt in your care and reporting your findings by constantly staying in communication with the assigned RN. You were confident in your abilities and demonstrated an excellent ability to not only care for your patient, but also using clinical judgement in your decision making. (f) This was changed to “S” because to applied principles of asepsis with the care on the patient’s IV site. NS

WK4 B ,C,D,F: Nice work with prioritization. You were able to notice and interpret patient needs and communicate them with myself and staff. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 – 3b – You did a wonderful job monitoring your patient’s Foley and output and reporting changes promptly to the nurse. KA

Week 9 – 3c – You were able to provide care to your patient in an organized manner. As the team leader you were able to keep up on new orders and as new priorities occurred you were able to reorganize your day. KA

Week 9 – 3j – You did a nice job passing medications on your patient this week. You completed the scanning process with minimal assistance. KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	N/A	N/A	S	N/A	S	S	N/A	N/A	S				
j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	S				
k. Calculate medication doses accurately. (Responding)			S	S	N/A	S	S	N/A	S	S	N/A	N/A	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	N/A	N/A	S	S	N/A	N/A	N/A				
m. Regulate IV flow rate. (Responding)	S		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A				
n. Flush saline lock. (Responding)			S	S	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A				
o. D/C an IV. (Responding)	S		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A				
p. Monitor an IV. (Responding)			S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A				
q. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A				
	DC		NS	EW	DW	MD	EW	DC	DC	KA	DC	DW					

Comments:

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 3(j,k,n,p) – Excellent work with medication administration this week. You were very knowledgeable about the medications that were administered and correlated them with your patient’s specific disease processes. You ensured patient safety by practicing medication rights and safety checks. You were confident in your education to the patient and kept him well-informed of each medication. You were able to observe him swallowing his PO safely due to his deficits from a previous stroke. You used great technique with your saline flush and assessed and monitored the IV site for potential complications. Overall very good work! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK4 3L: you are receiving satisfactory for this competency as you were competent in performing this skill; your confidence in this will grow as you become more comfortable with the equipment and the facility. EW

Week 6 3J-You successfully administered PO medications during your clinical with a patient. MD

Week 9 – 3m – You did a nice job monitoring your patient’s IV fluids and maintaining his infusion site. KA

Week 9 – 3p – You did a nice job monitoring your patient’s IV site for signs and symptoms of a complication. KA

Objective

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

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

Comments:

Week 3 4(b,c,e) – You demonstrated great teamwork and collaboration in your nursing care this week. You were in constant communication with the assigned RN, alerting them of abnormal assessment findings to ensure all necessary care was performed. You were able to collaborate with the speech therapist to ensure safe medication administration. You alerted faculty of your patient's hypotension and responded appropriately. I thought you responded to each situation that presented itself with good clinical reasoning and decision making.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

I – Good use of APA format in your initial post. Your reference looks good and you used numerous in-text citations. I encourage you to try to summarize future articles more in your own words and to use less quotes. When using APA formatting it is recommended to attempt to paraphrase information in your own words rather than relying solely on full quotes. Try to review the article next time and summarize using some more of your own thoughts. For your response post, be sure to include an in-text citation along with your reference. The chosen article was very interesting and a great alternative to pharmacological therapy and certainly pertained to your patient and his experiences following his CVA. The “NI” evaluation was given based on the CDG rubric which states an in-text citation AND reference must be used in your reply to a peer. I think that was a great start for your first experience with nursing research and identifying evidence-based practice. I think you can meet the satisfactory requirements next time by using more of your own words and ensuring an in-text citation is included with your response. Please reach out to me if you have any questions! NS
Response: I will improve my reply to my peer in the online discussion by week 4 clinical by making sure I put an in text citation and reference. K.W

Week 6 4E-Your CDG this week was well done. Just a reminder-please make sure that the articles you are selecting for a reference are written within the last 5 years. MD

Week 9 – 4e – You did a nice job completing your CDG questions on patient satisfaction while being the team leader. You were thorough and insightful with your responses. When you are in-text citing with APA make sure to include your page number or paragraph number with a direct quotation. Also, only the first letter of the first word of the title is capitalized in your reference. KA

Week 9 – 4g – You were able to provide SBAR report to your nurse at the end of the shift with beginning competence. KA

Week 11 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the PT/OT and Infection Control discussion this week. Here are a few suggestions for improvement with future APA formatting: 1. Your reference has 4 authors in it, make sure this is expressed in the in-citation with the use of et al.; 2. no first initial in the citation; 3. paraphrase instead of direct quote whenever possible; if you do use a direct, be sure to include a page number or paragraph number in the citation...ex. (Asplin et al., 2017, para 5). DW

Objective

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

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

****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 3- My patient came in with chest pain, left sided weakness, and dizziness. Resident BP was high on admission and in the am. After speaking to patient in regards to daily activities. Patient stated that he might have forgotten to take his medications daily. I educated him on the importance of routine medication and possibly consulting with his daughter about getting him a daily pill box that he can bring to work and have her also help to remind him of taking medications on time daily. I also educated him on the effects of missing BP meds and how they can cause the symptoms he was admitted for. **Excellent! Great identification of a learning need for your patient. As we discussed in debriefing, non-compliance is a common cause of re-admittance to the hospital. Frequent education is important in driving home the message to our patients. I think the fact that you provided a solution to his problem will help prevent this from happening again in the future! Awesome job making education a priority with your patient this week. NS**

Week 4 4N my first patient was a 79 year old male with Cellulitis and MRSA. I taught him about the importance detecting early s/s of infection. I also taught to keep legs elevated as much as possible when not doing activities. I educated him on proper nutrition. My 2nd patient was a 57 year old female who came in unconscious with DKA. I taught her about the importance of insulin management. I taught her about the importance of maintaining proper nutrition and good hygiene with diabetes.
WK 45C: You are receiving a satisfactory as you were able to explore information on the internet regarding your patient care .EW

WK. 5 I did not have clinicals this week. **DW**

WK 6: On day 1 my patient was a 74 year old female with a right hip fracture. After talking to patient to my patient for awhile, I discover that she had no support at home and being alone was causing more stress and anxiety. I taught her about the importance of possibly finding a group that has the interest or hobbies to join. I also talk to her about seeing if home health care might be appropriate for her needs. On day 2 I was team leader and I help my fellow nurse out with educating their patients on certain needs and goals. **Excellent! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk. 7 My patient was an 84 year female who slipped on ice and broke her right hip. She underwent an TFN. and was working with PT and OT. During the time I was with her, I educated her on the importance of understanding her limitations and reaching out for help with her ADLs. I educated her on knowing the importance of safety. I also educated her on the importance of staying hydrated. **EW**

WK. 9 My patient was a 73 yr. old male who came in to the ER with urinary retention related to an enlarged prostate. My patient had stated to me that he waited a while to seek out his doctor after the symptoms began. I educated him about the importance of recognizing symptoms and treating them in a timely manner to keep from causing more serious complications. He also stated that he put off going because of his needing him to care for her. I educated him on the importance of maintaining his own health first so that he can stay providing the care needed for his wife. **Great information for him. KA**

Week 11 (5a)- Unfortunately, you are being evaluated as U for teaching this week. This is required to be commented on weekly when clinical is scheduled. Being in PT/OT, DH, and Infection Control would have provided a number of different opportunities to identify a teaching need...maybe related to safety or diet restrictions, or proper hand hygiene. Please be sure to address this U when submitting your week 12 tool. DW

I should have realized even though I was not doing direct patient care that I still should have come up with teaching plans for future patients with what I observed and learn. I will continue to improve in taking in all types of observation and learning methods in all of next clinicals and correlate them with how I use these new tools to educate my patients.

Wk. 12 My patient was an 82-year-old female with exacerbation of Myasthenia Gravis with dysphagia, dyskinesia of the esophagus and gastric distress. I educated her on avoiding foods that cause pain and irritation. I educated her on some the medications give and how she taking them and why I was holding some of them. I educated her on exercises she could do at home and taking periods of rest when fatigued. I educated her on acknowledging when she needed help and asking family to assist her.

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)			n/a	N/A	N/A	S	N/A	N/A	S	NI S	N/A	N/A	N/A				
			NS	EW	DW	MD	EW	DC	DC	KA	DC	DW					

Comments:

See Care Plan Grading Rubrics below.

Week 9 – 6a – You did a nice job completing your Care Plan satisfactorily. Please see the rubric for further details and comments. KA

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

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Kelly Wilson Date: 2/10/2021
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis:
Nursing Diagnosis: (3 points total) 3 Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Very good. MD
Goal and Outcome (6 points total) 5 Goal Statement (1) 0 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 5 Comments: Your outcomes are very thorough and SMART based. However, you did not include a goal statement. This could be a statement such as “the patient will experience decreased pain.” MD
Nursing Interventions: (8 points total) 7 Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 7 Comments: Your interventions were very thorough and included all important pieces for the patient to accomplish. However, you need to have a “how often” written for each intervention including education interventions. This could be something like “daily at 0900.” MD
Evaluation: (5 points total) 5 Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Very well written. MD
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 = 20 Comments: This care plan is Satisfactory. MD Faculty/Teaching Assistant Initials = MD

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Kelly Wilson Date: 3/13/21</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Impaired Urinary Elimination</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1</p>	<p>Total Points 3 Comments: You did a nice choosing an appropriate nursing diagnosis and supporting it with defining characteristics related to your patient. KA</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 0 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1</p>	<p>Total Points 5 Comments: Kelly, you did a nice job writing your goal statement and outcomes. Your first outcome does not completely match up with the defining characteristic you listed. It would be more appropriate to have the patient dent dysuria versus a decreased level of pain. You do not have a pain rating listed in your defining characteristics to determine if there is a decrease in pain with urination. The rest of your outcomes were SMART outcomes. KA</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1</p>	<p>Total Points 8 Comments: You did a nice job writing your interventions. They are specific and include all necessary areas as well as appropriately prioritized. Make sure all interventions start with an action word. #2 Pain assessment would be more appropriately stated as "Assess Pain". KA</p>
<p>Evaluation: (5 points total) Date (1) 0 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1)</p>	<p>Total Points 4 Comments: You did a nice job evaluating your care plan. Remember to include a date of evaluation in the future. Also since you were discussing inability to void and your outcome was to void without catheterization your last evaluation point would be better stated as "Patient's ability to void without catheterization unable to be determined at this time due to CBI." Versus "Patient urinary output". We can determine his output through the calculation we did. It also is not stated exactly as you did in the other sections. KA</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plans</p>	<p>Total Points for entire care plan = 20 Comments: Kelly, you completed your care plan satisfactorily. See comments above for details on how to improve your care plans in the future. KA Faculty/Teaching Assistant Initials = KA</p>

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

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

Comments:

Week 1- 7 A. I am strong in the areas of foley catheter insertion and head to toe assessment. I also feel that my confidence level in the class with applying my skills is improving. **Great job! Your confidence will continue to increase as you gain more experience. DC**

7 b. My area of improvement **would** be nursing care plans, in the scenario in skills lab I struggle with coming up with the nursing diagnosis putting all the other aspects together. I plan on practicing them and using the resources to learn them better. **Definitely utilize the resources! Practice and working with your instructors will help to improve you care plans. DC**

Week 3 7a. I feel I was strong in time management of care for my patient with regards to medication administering and assessing in a timely manner. I still feel like my confidence is not where it should be, but I do feel like it has improved. **I was very impressed with your nursing care this week. Beyond your nursing skills, you demonstrated excellent clinical judgement in discussing your patient and identifying priorities in your care. You were active with your patient ensuring their needs were met and evaluated the care the you provided to help the patient meet their goals. I agree that time management was a strength of yours this week as you were constantly active in their care. Keep up the great work! NS**

7B. I feel my weakness is documentation and navigation of the FRMC Meditech. I will continue to learn the system and finding where everything is located throughout the program as far finding reports and different areas that will help me to learn more about the needs. of my patients. I also need to remember to look more closely at the times for certain assessments and when they are due. **Overall, I thought you navigated the system well and were thorough in your documentation. Your plan for familiarizing yourself with the different reports will help to enhance your clinical judgement and aid in putting all the pieces together on your patient, their disease processes, and the nursing care that is required. Great plan for improvement! NS**

Week 4 7A. I feel like I am strong in the overall interacting with my patients, getting them to open up and talk about the concerns they have and attempt to help them further in becoming healthy.

7B I feel my weakness is getting the medication documentation, while administering the medications, I seem to struggled with the scanning them in and navigating the MAR. I felt I lack a bit of confidence in my IV skills this week. I will continue to work on learning the navigation of the MAR each week until I feel I am comfortable, and will continue to work on my confidence.

WK4 7C: You are receiving a satisfactory here as you take initiative and are growing every week. Remain confident in your knowledge and know we are here to help you. EW

WK. 5 I did not have clinicals this week. **DW**

WK 6:7a. I feel I was strong in my team leader role, I feel I was able to help and give advice and encouragement to the other nursing students. I think I was strong in communicating with my patient on hers needs.

You did an excellent job with your team leading role. MD

7b. I need improvement in being able to interpret my lab values and communicate what their indicating to other nurses and doctors. I need to still improve being confident in knowledge of interpreting overall patient care to others. **This will come with practice. What actions will you take to improve on this goal? You are receiving an NI for this competency for not going into detail as to how you will improve on this competency. MD**

Week 6 7C-I do agree with your assigning yourself an NI for this competency. I feel as though on Wednesday you were very scattered in thinking and actions. You were able to discuss your patient thoroughly and accurately, however your actions were very inconsistent with your intentions. Please work on being more confident in your practice as a student nurse. MD

Response for week 6. 7B. I will improve my interpretation of labs by learning the lab values in more detail and practicing my communication skills daily to improve how interact and make the available information I want to state clear and precise to the doctor and other staff. Improving my confidence will also help to speak more precise and clearer when communicating medical information. I will continue to improve this each clinical.

Response for week 6. I will improve my NI in the demonstrating evidence of growth, initiative, and confidence by stepping up and being more confident in the my skills and knowledge that I have learned. I had an off day and did not show the knowledge and skill that I am capable of. My organization was mediocre compared to my normal organization level. I will become more organized in my train of thought and coordinate them with my actions. I will continue to use what I have learned, be confident in using those skills for my patient care and demonstrate my willingness to learn and grow. I will get better sleep the night before clinicals which I did not do that night.

Week 7a: I felt confident in my clinical with how I educated my patient and was able to establish trust with her. Having that trust I felt help her to open up with me on the issues she had the most concerns with. Felt confident in my documentation and the administering of medications.

Week 7b: I need to improve my teamwork skills this week. I will continue to seek out my fellow nursing students each week and provide any assistance they might need with their patients. Team work is super important and I feel I mainly focused on my own patient today. **EW Please be sure to set a goal of meeting this improvement and how you will accomplish it. EW**

Week 8 : No clinicals

WK: 9 7A. I felt confident in my ability to have a good repore with my patient and have him open up to me about his issues and concerns. I felt like I kept up with his care in a timely manner and charted accordingly. **I agree you had a great rapport with your patient as well as being able to keep on task and organized in your care. KA**

7B. I need to improve my skills as a team leader, I did not always feel confident in delegating task due to feeling like I was overstepping or having the other student nurses feeling like I was a know it all . I will improve this by next clinical by working on my confidence level and remembering that teamwork is vital in this field and that giving valuable feedback is ok when needed. I will practice my role of team leader and work on knowing that when needed delegation of task is important and that is the role of team leader by next clinical. **Practicing leadership skills is a great goal and your ability to effectively delegate tasks will improve over time with continued practice. You will get a lot of practice with this skill in AMSN. KA**

WK 10 No clinicals this week

WK 11 7a. I felt confident in PT/OT clinical, I was able to use my experience to assist with the therapist. In digestive health I asked a lot of question and felt confident in asking them. **Great Kelly! DW**

7b. I should have took the initiative in Infection Control to ask and acquire more information than I did. I will be taking more initiative in my clinical settings to inquire all the knowledge I can starting in next clinical. **DW**

WK 12. 7a. I felt very confident in my communication with my patient, I felt like she had trust in me to provide the care she needed and to report any changes to her condition to the floor nurse or doctor. I felt like my charting was better this week then previous weeks.

7b. I feel I should have been checking her orders more for new ones so that I could stay on top of her care. I miss seeing a new medication order when it came up. I was able to still give that medication. I need. My confidence level with staff still needs to improve. I will continue to work on being able to carry out professional and confident conversations with hospital staff regarding my patient each time I am at clinicals. I will also continue to frequently check my orders in Meditech for new orders receive so I ca apply them to my patient care every clinical.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/4/21 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/21. 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. ! DC/DW/NS

(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

3/26/21 - Lab Day (Skills Review) - You satisfactorily participated in the mandatory skills lab review day. Keep up the great work! DW

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (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)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/25/21	Date: 2/8/21	Date: 2/19/21	Date: 2/22 & 2/23/21	Date: 4/6 & 4/7/21	Date: 4/13/21	Date: 4/22/21	Date: 4/26/21
	Evaluation	S	S	S	U			
Faculty Initials	EW	MD	EW	DC				
Remediation: Date/Evaluation/Initials	NA	NA	NA	S KA				

* Course Objectives

2/22/21 or 2/23/21:

Please review the comments placed on the Simulation Scoring Sheet within the clinical tool for the simulation scenario #1. In addition, please review the individual faculty comments placed within the simulation #1 pre-brief and reflection journal dropboxes.

2/23/21 – Simulation evaluation not submitted at this time. DC

I will address this by remembering to fill out my student planner accordingly with all vital information and assignments due and checking it daily to make sure I have accomplished all tasks due by their correct due dates and in a timely manner.

3/13/21 Simulation # 1 Evaluation survey completed KA

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Roni Daughenbaugh, Jenna Strayer (1)**
Brittney Lesch, Kelly Wilson (2) OBSERVATION DATE/TIME: **2/22/2021 1345-1515** SCENARIO #: **MSN Scenario #1**

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p><u>Group 1</u> Noticed patient in pain. Sought additional information with pain assessment. Did not focus observation on the affected extremity initially. Did not seek information related to circulation initially. Focused observation on vital signs. Eventually noticed discoloration to the foot. Noticed absent pulse. Noticed coolness to the extremity.</p> <p><u>Group 2</u> Noticed pain was in unaffected extremity. Noticed redness, warmth, decreased pulses, edema. Asked about description of pain. Noticed crackles, elevated HR, decreased Spo2.</p>
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p><u>Group 1</u> Prioritized by looking at the affected leg but did not perform any of the 6 Ps related to potential complication with leg fracture. Did not make sense of decreased circulation. Prioritized vitals prior to administering pain medications. Eventually prioritized 6P assessment. Identified high-risk complication.</p> <p><u>Group 2</u> Prioritized focused assessment to the unaffected extremity after noticing new findings. Made sense of potential complication related to new assessment findings. Prioritized pain medications. Made sense of assessment findings being potentially related to DVT/PE. Interpreted ABGs correctly.</p>
<p>RESPONDING: (3,4,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p><u>Group 1</u> Communicated individual roles. Responded to pain by performing pain assessment. Did not focus assessment on affected leg. Wasn't flexible with planning intervention based on assessment findings. Not responding/ignoring patient when crying out in pain. Did not waste excess medication with another nurse. Used blunt tip</p>

	<p>needle rather than IM needle. Did not aspirate prior to injecting medication. Z-track method used. Tubing primed appropriately.</p> <p>Eventually prioritized focused assessment on the affected extremity.</p> <p>Notified physician regarding assessment findings.</p> <p>SBAR communication needs improvement. Have all information readily available before calling. Be clear with the situation and provide more detail.</p> <p>Be conscious of non-verbals. Appeared annoyed with the patient.</p> <p>Did a nice job prioritizing fluids and antibiotics.</p> <p>Lack of communication with the patient regarding circumstances.</p> <p>Removed pillow from the affected extremity. Removed Ice. Nice job.</p> <p>No education provided regarding compartment syndrome.</p> <p><u>Group 2</u></p> <p>Communicated roles when entering the room</p> <p>Focused assessment geared towards pain and new assessment findings. Contacted the provider. SBAR communication needs improvement. Be prepared with all relevant information. Nice job reading back orders once received for confirmation.</p> <p>Prioritized administration of pain medication after new order received.</p> <p>Elevated HOB, Initiated O2 when noticing change in status.</p> <p>Educated on risk for DVT and importance of coumadin compliance.</p> <p>Contacted lab and radiology for STAT orders.</p> <p>IM needle used for injection. Z-track method performed. Remember to aspirate prior to injecting medication.</p> <p>Remember to communicate with the patient and keep them informed of what is going on.</p> <p>Contacted physician with lab/diagnostics findings and received new orders.</p> <p>Review weight-based medication dosage calculations.</p>
<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but at times overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; at times unsure of how to properly continue prioritized assessment. Makes some efforts to seek additional information; at times unsure of what information to seek and/or pursue.</p> <p>Interpreting: Makes a concerted effort to prioritize data and focuses on the most important data, but also at times attends to less relevant or useful data. In common situations is able to compare data patterns with those known to develop intervention plans; has some difficulty with more complex data or situations.</p> <p>Responding: Tentative in roles at times; some reassuring of the patient performed but lacking at times; becomes stressed and disorganized with complex situations. Shows some communication ability; communication with patients, family, and team members partly successful; displays caring but not competence at times. Develops interventions on the basis of most obvious data; monitors progress but is unable to adjust at times as indicated by patient response. Hesitant with some nursing skills.</p> <p>Reflecting: Verbalizes most obvious evaluations; prompting needed for some areas of improvement; at times did not truly evaluate personal decision making. Demonstrated a desire to improve performance; reflected on experiences; identified strengths and weaknesses.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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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:

Leave this blank until the end of the semester.

lm 12/18/20