EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nadia Drivas

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

Faculty: **Dawn Wikel,** MSN, RN, CNE**; Rachel Haynes,** MSN, RN**; Kelly Ammanniti,** MSN, RN, CHSE**; Monica Dunbar,** DNP, RN; **Heather Schwerer,** MSN, RN; **Nick Simonovich,** MSN, RN

Faculty eSignature:

Teaching Assistant: **None**

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, U, or NA". 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, 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, 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 or needs improvement 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 or needs improvement 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, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty's Name	Initials
Kelly Ammanniti	**KA**
Monica Dunbar	**MD**
Rachel Haynes	**RH**
Heather Schwerer	**HS**
Nick Simonovich	**NS**
Dawn Wikel	**DW**

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 faculty 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/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map 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	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	n/a												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	n/a												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	n/a												
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	n/a												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	n/a												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		4N, 85F, Hip Fx; 72F, Overdose	3T Team Leader													
Instructors Initials	**DW**		**NS**	**KA**													

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS 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. DW

Week 3 1(a-h) – Nadia, you did a nice job this week making correlations between your patient's disease processes and the nursing care required. On day one, you cared for a patient that experienced a fall/hip fracture s/p hip prosthetic replacement. You were able to discuss the patient's risk factors related to falls and injury. You were able to correlate the required care related to her limited mobility and proper body mechanics related to the hip prosthesis. When reviewing her medications, you made correlations between her disease process and medications prescribed, such as the calcium and vitamin D supplement to support bone growth/healing. You discussed the importance of maintaining functional alignment in addition to physical therapy treatment to promote independence. NS

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. 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: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	n/a												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	n/a												
d. Communicate physical assessment. (Responding)			S	S	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	n/a												
	DW		**NS**	**KA**													

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 3 2(a,b,e) – Good work with your assessments this week, noticing deviations from normal and coordinating your care appropriately. You noticed limited vision with the use of glasses, difficulty hearing with the use of hearing aids, increased stress, abnormal gait with frequent falls, weakness to the right lower extremity, and the use of bowel movement aids. You discussed the importance of performing a focused circulatory assessment to the affected extremity and noted the 6Ps to monitor for. Based on her frequent falls and hip fracture, you conducted a fall assessment and ensured appropriate precautions were in place to prevent injury. Great job focusing on the priority assessment needs of your patient. NS

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

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

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. 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: a. Perform standard precautions. (Responding)	S		S	S	S												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S													
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S													
d. Appropriately prioritizes nursing care. (Responding)			S	S													
e. Recognize the need for assistance. (Reflecting)			S	S													
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S													
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			n/a	n/a													
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S													
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S													
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S													
	DW		**NS**	**KA**													

Comments:

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

Week 3 3(b,c,d) – You demonstrated good time management skills in the care of your patient this week. By doing so, you ensured all priority care needs were met in a timely manner. During clinical, be sure to utilize your down time to review the patient's chart to correlate abnormal findings with the patient's disease process by filling out the Patient Profile Database. (H) – you noted your patient's refusal of ordered SCDs and discussed additional DVT preventative measures such as her ambulation. NS

Week 4 – 3b – You did a terrific job identifying one of your team member's patients was not on seizure precautions and should be. You notified the nurse and assisted your team member in initiating seizure precautions on the patient. Wonderful job! 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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S													
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S													
m. Calculate medication doses accurately. (Responding)			S	S													
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	S													
o. Regulate IV flow rate. (Responding)	S		S	S													
p. Flush saline lock. (Responding)			S	S													
q. D/C an IV. (Responding)			n/a	S													
r. Monitor an IV. (Noticing)	S		S	S													
s. Perform FSBS with appropriate interventions. (Responding)	S		S	S													
	DW		**NS**	**KA**													

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

Week 3 3(k-s) – You did a great job with medication administration this week. You performed your assessments in a timely manner allowing time to look up and review medications prior to administration. You demonstrated knowledge of the medications prescribed and discussed the implications for each medication. You ensured the 6 rights of administration were practiced and utilized the BMV scanner for patient safety. All oral medications were administered safely. A saline flush was performed using aseptic technique to ensure patency. All infection control measures were followed. Overall, great work! NS

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and IV medications this week. You performed the medication administration process with practiced dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA
Week 4 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication with practiced skill. KA
Week 4 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA
Week 4 – 3q – You successfully DC'd an IV catheter this week using proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA
Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. 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: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	n/a												
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S													
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	n/a												
			NS	**KA**													

Comments:

Week 3 4(a,b) – You performed as an accountable and professional member of the health care team. You were active on the unit with your patient and helped others as well. Your communication with the patient's, family members, peers, and health care team were strong. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 4(e) – Overall nice work with your CDG this week. All requirements were met for a satisfactory evaluation. See my comments on your posts for further details. In future weeks, be sure to elaborate a little more on your summary to paint a clear picture of the study that was performed. The methods sections should include all the details related to the study to better understand the intended results. Some suggestions for APA formatting in the future: In-text citations should only include the author(s) last name(s) and the publishing year. Correct APA formatting for your article citation would be (Bumpas & Stuart, 2023). For your reference, only the first word of the article title should be capitalized; or the first word following a period or colon. The journal title should be italicized along with the volume number of the journal. Correct APA formatting for your reference is as follows:

Bumpas, J. W., & Stuart, W. P. (2023). Improving care transitions from hospital to home: Best practice. *MEDSURG Nursing*, *32*(2). https://doi.org/https://www.proquest.com/scholarly-journals/improving-care-transitions-hospital-home-best/docview/2801306325/se-2.

These are tips for success as you progress and learn APA formatting. Let me know if you have any questions. NS

Week -4 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 4 – 4e – Nadia, you did such a nice job responding to your CDG questions on your team leading experience this week. You did a nice job responding to a peer with a thoughtful response. You made sure to include both an in-text citation and a reference for both your posts. Remember on the first letter of the first word of the title and the first letter of the first word after a colon are capitalized in the reference. Keep up the nice work! KA

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: **a. Describe a teaching need of your patient.**** (Reflecting)			S	S	n/a												
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	n/a												
			NS	**KA**													

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

5a& 5b- Education related to fall; stand up slowing, clutter less environment, using equipment to move like a walker or cane, appropriate footwear were some the topics that was provided to the patient during her education. This teaching will help the prevent the patient from having a fall. I used the education resource on skyscape and the RN gave her Firelands discharge teaching paperwork. We also used the teach-back method. This helped us to review the areas she was still having problem understanding. Very good! Your selected article for this week helped to support the importance of utilizing the teach-back method to ensure understanding. You identified important teaching needs based on your patient's admitting problem and history of falls. Hopefully the education provided will help to prevent further injury in the future. NS

Week 4 5a/5b- Education for my patient was related to wearing oxygen mask at home with SPo2 levels are less than 88%. Patient has COPD, it is normal for her to run in the low 90s. The doctor had orders to wear nasal cannula, patient has an at home oxygen tank, but refuses to wear it. Education was giving by talking with the patient, using the teach back method. She also watched videos on the TV about COPD management. It talked about the signs you may fell when the oxygen is low (dizzy, headache or SOB). She has an at home SPo2 meter that she brought to the hospital. We should her how to correctly use it. Great job using the education videos on the tv to help deliver education to your patient. I think sometimes this is an underutilized resource. KA

Week 4 5a/5b- My clinal was digestive health and infection control. I didn't get to education any patients. I heard the nurses say to the patients after the colonoscopy, you may have a small amount of bleedings that will last 1 or 2 days. If it last more than 3 days or it's a large amount of bleeding, please notify us.

*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, clinical judgment, and consideration for cultural, ethnic, and social diversity. (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 map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			n/a	n/a	n/a												
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	S												
			NS	**KA**													

****6b- You must address this competency in the comments on a weekly basis. For <u>all</u> clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

Week 3 6(a) – This competency was changed to "NA" because a care map was not completed this week. NS

6b- my patient fell, a cultural element that cause her to fall was the fear of falling. She was walking down the stairs and didn't want to miss a step, then she took too little of steps and fall. It is normal for weaker adults to have this fear. When living at home, they fear of falling and no one being there to help them. It sounds like you have identified the social and community context related to SDOH for your patient. People's interactions with family, friends, and community members can have a major impact on overall health. A primary focus of SDOH is ensuring patient's have the social support to help manage their health. Your patient living at home alone with frequent falls has negatively impacted her health due to a fear of falling with nobody around to help. Be sure to utilize this link to identify the social determinants of health. NS https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,Education%20Access%20and%20Quality.

Week 4 6b- My patient got discarded and was nervous about going home. She didn't have a walker and PT told her, she should. She daughter is coming to stay with her and buy her a walker. This is a social determinate; her family is supporting her throughout her SOB. Helping her get a walker, will access in the energy needed to be used.

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

Using too much energy can cause you SpO2 to decrease. Great job identifying that SDOH's do not always have to negative impact a patient. They can positively impact a patient as well and help assist them in better managing their overall health. KA

Week 5 6b- I didn't have a patient this week, I was doing my infection control and digestive health. I noticed that male patients would not do the bowel prep or not even finish it one man said, "he didn't like how much it was pooping and started to burn." I think a social determinate is that male patients have the fear of something going up their rectum. They think not doing the prep before the scopey will allow them to get out of the it. This will have a negative impact of the patient because they will need to do this again and again, until the perp is done correctly, and the doctor can visualize the colon.
Comments:

See Care Map Grading Rubrics below.

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

****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- 7a- One area of strength is programing the IV pump and spiking the bag. Agreed! You were efficient and confident. I can tell you do this on a regular basis for work. Keep up the great work! DW

*End-of-Program Student Learning Outcomes

7b- I need to work on asking question and feeling less confidence. I think my confidence in my skills makes me feel like I don't need to work as hard. One goal would be to remember I am learning and to take advice from other. I will ask 3 questions in the next clinical. Also, I will a peer for help if needed before lap/clinical/sim. I appreciate this reflection, Nadia! Regardless of the fact that you are in a RN program, nurses always have something new to learn, so having a mindset of lifelong learning will serve you well. DW

Week 2- 7a- A strength I had this week was performing trach care, I haven't done it in months, but I still remembered. I did ask question like my goal was last week. Excellent! DW
7b- I need to work on talking to people and being a team player. I'm used to doing everything alone, it feels weird to me to help someone that is struggling. In trach lab I did it, with some pushing from Dawn. My goal for next week is to help and talk to the other classmates. It might seem like a small goal to say, but for me this is huge. I'm insecure about my voice so I just don't say anything. I can appreciate that 100%. I want you to know that from an outsider's perspective, when you do push yourself out of your comfort zone, I have witnessed multiple occasions just within the last two weeks where you were engaging your classmates in an extremely kind, outgoing and inspiring way. Who knows, maybe in doing this, you could find a lifelong friend. 😊 Thank you, Nadia! DW
Side note: On weeks that you do not have clinical (ex. Week 11 and 13), you do not need to write a strength and goal for improvement. Regardless, I'm really glad you did. It's always important to reflect on past experiences for future growth. DW

Week 3 7a- A strength I had this week was on my medication pass. I do it every day at work, but its different having someone watch and question on why you are doing that. Very good! Even though this is something you do daily, you did a nice job reflecting on the different role that you are in and the importance of understanding the "why" behind each medication and the safety measures implemented to administer medications. You did a great job this week! NS
7b- I need to work on the action of some of the medication. My goal throughout this week I will review the blood pressure medication twice before my next clinical on Wednesday. Good plan to improve on an area you would like to grow in! NS

Week 4 7a/7b- A strength I had this week was being the team leader. My team of Ava and Destiny were great. We finished all our work and responded to our patient's needs. Next time I am team leader I would like to get stuff done in a timely manner. To get too my goal I will start with getting my own medication done in a timely manner and help others if need. I know not everyone can get stuff completed, by helping it should be easier. You were a great team leader and did well assisting your team. Time management is a skill that takes practice and improves with time. Great goal to help achieve this as a team leader. KA

Week 5 7a/7b- This we I felt useless as a nurse. There were so many things I knew how to do, and I wanted to do them. The other nurses on the floor just kept telling, me they can do it. The only thing I felt like I was useful was the infection control. With doing the infection control my goal is to make sure that I'm washing my hands more and making sure my patients isolation cart is stocked.

Student Name:				**Course Objective:**			
Date or Clinical Week:							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Student Name:				**Course Objective:**			
Date or Clinical Week:							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Skills Lab Competency Tool

Student name: Nadia Drivas								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	Insulin (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**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: 1/9/24	**Date:** 1/9/24	**Date:** 1/10/24	**Date:** 1/10/24	**Date:** 1/12/24	**Date:** 1/17/24	**Date:** 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	DW	DW	DW	DW	DW	DW	DW	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1
(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
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and 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. DW

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Nice job overall for both skills! No prompting was required for either skill and sterility was maintained. For tracheal suctioning, be sure to auscultate the lungs under the gown and have better

control of the cather os you don’t risk contaminating it on the patient’s chest or towel. During trach care, remember to step back and avoid cleaning the inner cannula over the sterile field. Otherwise, keep up the good work!
DW/RH/NS/HS
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Nadia Drivas							
	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: 1/29/24	**Date: 2/12/24**	**Date: 2/26/24**	**Date: 2/28 or 2/29/24**	**Date: 4/10 or 4/11/24**	**Date: 4/15/24**	**Date: 4/25/24**	**Date: 4/29/24**
Evaluation								
Faculty/Teaching Assistant Initials								
Remediation: Date/Evaluation/Initials								

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

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:
-

`12/27/2023