

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Anthony 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)
2/12/2024	3 hours	DH and IC surveys and IC scavenger hunt not turned in on time	2/13/2024, 3 hours

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:			s	s	n/a	n/a	s										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			s	s	n/a	n/a	s										
g. Assess developmental stages of assigned patients. (Interpreting)			s	s	n/a	n/a	s										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		s	s	n/a	n/a	s										
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, 86M, Pneumonia	5T, 66M, Spinal Stenosis	Infection prevention and Digestive Health	Erie County Senior Center	3T Team Lead day one 76M for Flu A an COPD										
Instructors Initials	NS	NS	NS	MD	MD	DW											

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. NS

Week 3 1(a-h) – Anthony, nice job this week making correlations between the pathophysiology of your patient’s disease processes and the nursing care required. You did very well thinking proactively in monitoring for potential complications that could occur. Your patient was admitted with shortness of breath from pneumonia and influenza A with hypernatremia and acute kidney injury. You identified the potential of aspiration pneumonia due to his altered mental status and presenting dysphagia. Appropriate precautions and care were provided to reduce the risk of further complications. You discussed his underlying dementia and hypernatremia and how it impacts his mental status. You were cognizant of the potential for fluid overload due to IV fluids and changes in lung sounds. For his dehydration and AKI, you discussed the potential of decreased oral intake at the long-term care facility as a contributing factor. You were able to observe the modified barium swallow study performed and identified the nutrition risk and rationale behind the IV Dextrose infusion. Overall great use of clinical judgment this week! NS

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient’s stay on the Rehab unit. You did a great job in correlating all of these with the patient’s diagnosis. Great job! MD

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	n/a	s										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			s	s	n/a	n/a	s										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			s	s	n/a	n/a	s										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			s	s	n/a	n/a	s										
d. Communicate physical assessment. (Responding)			s	s	n/a	n/a	s										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			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/a	s										
	NS	NS	NS	MD	MD	DW											

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,e) – You did good work this week with your assessments, identifying numerous deviations from normal. You noticed limited vision, hearing difficulty, excessively dry oral mucosa with thrush, impulsive behavior, coarse lung sounds, non-productive cough, edema to the lower extremities, confusion and disorientation, inability to perform ADLs, skin abnormalities, and the use of an indwelling urinary catheter, among other findings. You were concerned for the risk of fluid overload and considered the potential development of crackles. You used your clinical judgment to determine priority assessment needs based on the patient's disease processes and implemented appropriate nursing interventions based on your findings. NS

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		s	s	n/a S	S	s										
a. Perform standard precautions. (Responding)																	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		s	s	n/a	n/a	s										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			s	s	n/a	n/a	s										
d. Appropriately prioritizes nursing care. (Responding)			s	s	n/a	n/a	s										
e. Recognize the need for assistance. (Reflecting)			s	s	n/a	n/a	s										
f. Apply the principles of asepsis where indicated. (Responding)	S		s	s	n/a S	S	s										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			s	s	n/a	n/a	s										
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			s	s	n/a	n/a	s										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		s	s	n/a	n/a	s										
j. Identify recommendations for change through team collaboration. (Reflecting)			s	s	n/a	n/a	s										
	NS	NS	NS	MD	MD	DW											

Comments:

Week 3 3(b,c,d,g) – You did a great job this week implementing nursing care relevant to your patient's situation. Patient-centered care was prioritized with his altered mental status and safety needs. You prioritized your time well, ensuring all are needs were met promptly. You utilized your time to ensure his safety was maintained, monitoring for potential complications, and promoting positive outcomes. During downtime, be sure to utilize the patient profile database document to review and research

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

abnormal findings to improve your clinical judgment and critical thinking. You provided good foley catheter care, using aseptic technique to obtain a urine specimen from the correct port location. Overall job well done. NS

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed!
MD

Week 5 Objective 3 A and F-This week you performed satisfactory standard precautions and also applied the principles of asepsis when indicated. MD

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	n/a	n/a	s										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			s	s	n/a	n/a	s										
m. Calculate medication doses accurately. (Responding)			s	s	n/a	n/a	s										
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			s	N/A	n/a	n/a	n/a										
o. Regulate IV flow rate. (Responding)	S		s	N/A	n/a	n/a	n/a										
p. Flush saline lock. (Responding)			s	N/A	n/a	n/a	s										
q. D/C an IV. (Responding)			S NA	N/A	n/a	n/a	n/a										
r. Monitor an IV. (Noticing)	S		s	N/A	n/a	n/a	s										
s. Perform FSBS with appropriate interventions. (Responding)	S		s	s	n/a	n/a	n/a										
	NS	NS	NS	MD	MD	DW											

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

Week 1 (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(l-s) – Nice work with medication administration this week. Despite his NPO status due to dysphagia, you gained experience with medication administration via IV Push. You practice the 6 rights of medication administration and utilized the BMV scanner for patient safety. Experience was gained with reconstituting a powder medication for IV administration. An IVP medication was administered correctly at the prescribed rate, ensuring patency of the IV site, and using aseptic technique. You closely monitored the IV infusion of Dextrose, considering the potential effects of hyperglycemia to prevent complications. All dosage calculations were performed correctly. NS

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

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	s	s										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			s	s	n/a	n/a	s										
c. Report promptly and accurately any change in the status of the patient. (Responding)			s	s	n/a	n/a	s										
d. Maintain confidentiality of patient health and medical information. (Responding)			s	s	s	m/a	s										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S NI	S U	S NI	s	s										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			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	n/a	s										
	NS	NS	NS	MD	MD	DW											

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 you did a nice job selecting an appropriate article to summarize and providing sufficient details in describing the study. See my comments on your posts for additional details. Your response post to Presley was detailed and well thought out. You provided additional insight to the conversation and how it related to your care provided this week. This competency evaluation was changed to “NI” due to the original post and response post not containing an in-text citation. According to the CDG grading rubric, all posts should include a reference AND in-text citation. I provided a comment to your response post for how to utilize in-text citations. For your initial post, the in-text citation would be (Kyodo et al., 2020). Include an in-text citation following the use of information from the identified reference. A good place for this in your summary of an article may be the purpose section. Some suggestions for future success with APA formatting: The reference should identify the author(s) for the article first. Instead of identifying “Pediatrics, Department of” as the author, you want to include the last name and first initial of each author of the article. Also, be sure to include the journal title, volume, and edition within the reference. Proper APA formatting for your identified article is as follows:
Kyodo, R., Takahiro, K., Horiuchi, A., Sakamoto, T., & Shimizu, T. (2020). Pureed diets containing a gelling agent to reduce the risk of aspiration in elderly patients with moderate to severe dysphagia: A randomized, crossover trial. *Medicine*, 99(31). DOI: 10.1097/MD.00000000000021165.
These are tips for future success, don’t hesitate to reach out for clarification if needed. NS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! The reason for the unsatisfactory this week is that your peer response did not have an in-text citation or a reference and your initial response did not have an in-text citation. Part of the CDG rubric states that in order to receive a satisfactory rating, both of these requirements must be met. Please be sure to respond to this post on your tool with how you will ensure you will provide an in-text citation and a reference with both the initial and peer responses. MD

-U acknowledgement, I need to include a in text citation within my response for my CDG to show location of information obtained and credit the source as well instead of just APA format for the initial site/article. I also need to provide a source along with a intext citation on my peer response to show source of information obtained and then credit it as well.

Week 5 Objective 4E-You are receiving an NI for your CDG this week due to not having an in-text citation. Please make sure to include this in your CDG posts. MD

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Please be sure to reread your posts before submitting them in the future. There were several issues with sentence structure, including run-on sentences, starting sentences with a lowercase letter, grammar issues, etc. Lastly, I have a couple suggestions for improvement with future APA formatting: 1. Your in-text citation should include the author, not the title of the resource. The correct in-text citation would be- (Cleveland Clinic, 2020). 2. The reference should include an author or the organization that created the resource. The correct reference would be- Cleveland Clinic. (2020). *Common age-related eye problems*. Health Library. <https://my.clevelandclinic.org/health/articles/8567-common-age-related-eye-problems>. I want you to work on this concept; I know you are capable of perfecting this formatting, but you will need to pay close attention to the finer details (capital vs. lowercase, use of punctuation, regular vs. italicized font, and order in which the information is included). There are several resources out there for you, two of which include the APA Formatting Examples in the Clinical Resources on Edvance360 and the Purdue Owl website at https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html. I am also available to help if you ever need it. 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	n/a	s										
a. Describe a teaching need of your patient.** (Reflecting)			s	s	n/a	n/a	s										
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			s	S NI	n/a	n/a	s										
	NS	NS	NS	MD	MD	DW											

**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.

Week 3- Comments: 5a- A teaching need for my patient is about his new dysphagia diagnosis as well as the reason for his puree and Nectar Thick modified diet. Attempted education was to take small spoons of nectar thick water while sitting upright at 90 degrees to try and prevent chances of aspiration. This was greatly important to provide education for day to day consumption of nutrition to know how to minimize aspiration that could eventually lead to the formation of aspiration pneumonia. Unable to provide physical copy of education for patient and patient was also unable to acknowledge verbal education given. Very good! This is a difficult situation in regards to providing education due to his underlying mental status and inability to comprehend education provided. He required a lot of redirection and assurance throughout your care. In these situations, we do our best to provide good communication; however, understanding the education provided is going to be limited. If family/caregivers are present, we can educate them as well. Good reflection on this experience and his teaching needs. NS

Week 4- Comments: 5a- A teaching needed for my patients is to come to a standing position slowly to reduce dizziness. reinforce education of carrying limits, twisting and bending restrictions. To make sure to have a supportive and stabilizing frame or device. During physical therapy education needed to be repeated such as have a hand on the railing to maintain balance and stabilization. Also reinforced education to use call light when needing ambulatory assistance due to intermittent dizziness and current unsteady gait. This is a really good teaching need. You are receiving a NI for not identifying the resource you utilized for this research and education you found for your patient. Remember-in order to receive a satisfactory rating for 5B, you need to have where you found the reference. MD

Week 5- 5a- Unable to provide a teaching need due to being in infection control and digestive health clinical's without a assigned patient. MD

Week 6- 5a and 5b- unable to provide teaching/educational needs due to having clinical's as the Erie County Senior Center and not having any patients at the clinical site. DW

Week 7 5a- One teaching need for my patient is smoking cessation as well as overall compliance with ordered regimen. He stated multiple times he was leaving weather the doctor gave him permission or not. He was discharged on Thursday around 1200, based on his eMAR he had only received 2 of his 10 planned doses of Tamiflu for his diagnosis of Flu A. 5b- A patient education sheet was printed off and added in with his discharge papers about smoking cessation as information about his diagnosis of Flu A and COPD exacerbation. I am unsure where it was printed from but I am assuming it was from Lexicomp.

*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)			S NA	N/A	n/a	n/a	s										
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 NI	s	s	S U	s										
	NS	NS	NS	MD	MD	DW											

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

See Care Map Grading Rubrics below.

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

Week 3- Comments: 6a- Cultural elements that play a part in the care of a patient is different beliefs. In certain Asian cultural beliefs it is seen as being disrespectful to maintain eye contact but within our culture maintaining eye contact is respectful and having a conversation without eye contact is disrespectful. While this is a cultural element to be aware of, it does not pertain to the patient care you provided this week due to your patient being from an Asian culture. When answering this question, you want to reflect on potential Social Determinants of Health (SDOH) specific to your patient. Utilize the following link related to SDOH to better understand the conditions and environments that could impact your patient's overall health. For your patient, social and community context could be of concern. People's relationships with family, friends, and community embers can have a major impact on overall health. During his stay, we did not see any family members visiting that could help support his health care needs. This could be a detriment to his overall health status. Let me know if you have any questions. Be sure the identified factors are specifically related to the patient you cared for. NS
[https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20\(SDOH,Education%20Access%20and%20Quality](https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,Education%20Access%20and%20Quality)

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4- 6b- One huge thing can impact overall patient care is explanation of provided education as well as clarifying that the patient understands the education provided. A few times I would ask if my patient had any questions especially during medication administration and the d/c of his foley. At first, he said no and then I would ask again and he would reluctantly say he does have a question. Other times the question would be answered and a few minutes later he would forget my response. With having a history of Dementia and baseline forgetfulness it can make it a confusing time for him in the hospital if at times he can't remember important education provided to him. This is a really important part of SDOH. If the patient cannot understand the education you are providing them then the issue turns to do they have a support system that will assist them when and if the patient returns home. MD

Week 5- 6b- During my clinical experience in infection control I wasn't able to have a assigned patient so I am unaware of any patients with cultural beliefs impacting care. One thing I noticed during digestive health clinical experience was older men had a higher tendency of noncompliance with bowel prep, during the scope they were not clear at all. one male pt receiving a colonoscopy had practically formed stool upon further view of the colon when he stated to the nurses he had been liquid and clear bowel movements through the night. What types of SDOH do you feel would explain why a person did not complete or were noncompliant with their bowel prep? MD -this could be due to potential lack of ability to understand the education being provided by the doctor. This could be due to the lack of general education of the procedure or misinterpretation of specified criteria prior to the colonoscopy such as needing to remain NPO after midnight and needing to finish the bowel prep until bowel movements are clear/yellow or green hue after finishing prep.

Week 6 (6b)- Unfortunately, you have earned a U for this competency due to not commenting on a SDOH associated with the clientele at the Erie County Senior Center. Please be sure to address this in the comments for week 7, discussing how you have improved. Please be sure to comment on SDOH for all future clinical experiences. DW

Week 7 6b- I noticed that my patient was reluctant to be provided most education. He was so fixated on leaving the hospital because he thought it was a waste of his time to be here for more then 1 day. He stated I fell fine I don't need to be locked up here while you pump more drugs into me for just the flu. He has a history of daily smoking and substance use specifically alcohol. He seemed to be a little more anxious as the days went on it might have been because he was unable to smoke or have a drink. It could be also due to him just not wanting to be stuck in the hospital any longer. He had previously had a verbal altercation with the physician about how he was leaving and the doctor didn't recommend it but he didn't care what the doctor thought and I was told in report that many words were said between patient and doctor. Overall he has a general noncompliance to care and only follows parts of his care that are convenient to him.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		s	s	s	s	s										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		s	S NI	s	s	s										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		s	s	s	s	s										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		s	s	s	s	s										
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		s	s	s	s	s										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		s	s	S U	s	s										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		s	s	s	s	s										
h. Actively engage in self-reflection. (Reflecting)	S		s	s	s	s	s										
	NS	NS	NS	MD	MD	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 8a - Three competencies I believe I am strong in is dosage calculation, IM injections and Priming tubing along with pump programming due to me being a LPN. These are good strengths to have going into clinical next week. This will allow you to be more comfortable with the skills which opens up the opportunity to dig into your patient's chart to understand their care needs and improve clinical judgment. Great work! NS

Week 1 8b - One thing I feel I can improve on is not rushing through skills and accidentally missing steps, I need to treat it as a real-life scenario to prevent error. I can make sure to practice more real-life scenario when performing skills and talk as if I was with a real patient. Good reflection. Safety is our number one priority, and identifying ways to minimize the risk for errors will go a long way. Having the ability to practice skills with the thought process of it being a real scenario will help when those situations arise in the clinical setting. It will be challenging for you to take a step back from your role as an LPN in the clinical setting, having to juggle and manage multiple patients and tasks at once. Take advantage of the opportunity to care for one patient, allowing you time to think through the interventions to be performed and how to prevent complications while also promoting positive patient outcomes. You're off to a great start! NS

Week 2 7a- An area of strength I have is having a more developed awareness of sterile field and knowing ways to prevent contamination of my established sterile field. When performing the trach care checkoff knowing to reach around my sterile field to grab my saline to add to my tray without reaching over top and contaminating the field. NS

Week 2 7b- One thing I feel I can improve on is to be more efficient in dexterity when trying to change trach tube holders, one way to improve upon this practice trach care more often to improve on dressing change and trach tube holder change. NS

Week 3 7a- One thing I have a strength in is currently being employed to Firelands and knowing how to navigate the new charting system. Also currently being a LPN makes clinicals less overwhelming when I am normally use to have 5 patients. Very good! Having comfort in navigating the electronic health system allows you to focus more on the care provided. I thought you demonstrated numerous strengths in your clinical judgment by being proactive in monitoring for potential complications such as considering obtaining a blood glucose reading on your patient receiving continuous dextrose fluids. You also monitored for potential fluid overload paying close attention to the potential change in lung sounds. Overall excellent work this week! NS

Week 3 7b- An area of improvement I have is being better at redirecting and consoling patients in times of increased confusion. My patient had a history of dementia and was hyper fixated on the dressing protecting his IV due to frequent episodes of self removing his IV. After multiple attempts of redirecting he was finally no longer focused on his IV and was able to be repositioned and made comfortable. This is always challenging, especially when the patient's mental status is severely altered. Overall you did well to promote safety for your patient. Good reflection on an area you would like to grow in. Be sure to include a specific goal and plan each week as to how you would improve in this area, such as reviewing textbook or nursing research on how to best redirect cognitively impaired patients prior to your next clinical experience. Refer to the highlighted area below objective 7 for specific details. NS

Week 4 7a- One thing I feel I have a strength in is normally taking 5 patients during my current job, during clinicals I never felt like I was getting behind or becoming overwhelmed due to being used to having additional work. When having one patient the time feels as if it is moving much slower and I spend all my time just making sure all of their needs are met and they are comfortable and minimal pain as possible. This is great! Sometimes having one patient can help refocus how you can care for multiple patients and how you can prioritize the care you give them. MD

Week 4 7b- One thing I can improve on is making sure I have all my medication written down on the first day so I don't have to miss a hour of my patients therapy. It was hard to get my medications written down on the first day due to the timing of all three different therapies and within the free time I had it was spent either performing Head to Toe assessments along with vitals then charting everything needed or trying to finish my report paper so I can give a accurate and organized report before we left the floor. Time management is very important. It will come with more practice. You are receiving a NI for this competency due to not identifying how you will work on this for future clinical rotations. It is really important to identify how you will work on this to achieve your goal. MD

Week 5 7a- One thing I think is a strength for infection control was having a understanding of the isolations people are put in and why. Some of the requirements can be tricky such as when a pt has MRSA but they are not in precautions because they have to have wound that is actively draining to be put in contact precautions. Also with pt with RSV because due to it being a respiratory infection we all think droplet or airborne but in reality its contact which I learned during the infection control presentation. Awesome! MD

Week 5 7b- One thing I can improve one is developing a better study habit, in my previous classes such as anatomy and Microbiology I didn't need to study because it came easy to me. I understand all the information being presented to us but there is a lot at once in a short amount of time. I need to take a few hours a day throughout the day and sit and review packets or flash cards along with chapters in the book pertaining to our current unit. I can also make my med cards early in the week on my days off to start reviewing them early so I'm not cramming a day or two before to get them done and studied. This is a great goal! MD

Week 5 Objective 7F-This week you did not turn in your surveys, scavenger hunt, and clinical tool on time. This is very important to be able to perform these tasks in a timely manner. Please respond to this unsatisfactory with how you will prevent this from occurring in future practice. MD

Week 6 7a- one thing I think I have a strength in is comfortability of talking to new people, with currently working as a nurse I have interacted with many new people such as patients and families. With constantly doing so I have in a way gotten over my nervousness of meeting and talking to new people and become very comfortable and confident in myself. Excellent! Communication is so important in nursing, as you well know. DW

Week 6 7b- One thing I can improve on is making sure to get my Evaluation tool turned in on time, making sure to provide intext citation along with general APA format for the general source when doing my CDG for clinicals and having a source used as well when doing a peer response for a CDG post. One way I can improve on these is make sure to complete my evaluation tool as soon as im capable to do so such as on Thursday following normal clinicals. The way I can improve my CDG is make a check list of needed thing and double check and reread it before submitting so I prevent any future U and continue to obtain S. Thank you for making this your goal for improvement. Following directions and paying close attention to detail is not just important for school. We provide these course expectations to get students comfortable with following orders and being meticulous in all job responsibilities as a future RN. Please continue to work on this. I believe you can do it. Just take a little more time to read the requirements of the tool and other course assignments before and during completion of each assignment. DW

Week 7 7a- one strength I think I have is current knowledge of nursing being a LPN and being able to provide other students with answers during clinicals as well as being able to assist with charting due to being familiar with it from working at Firelands. I was able to provide constructive pointers to other students during clinicals to assist with antibiotic setup and questions over medication and important information that might have been forgotten about given medication.

Week 7 7b- One thing I can improve on is during test and quiz taking to stop going back and changing my answers. Multiple times I have gotten quizzes back and 4 to 5 questions I have gotten wrong was because I ended up changing my answer. My most recent pharm test I got a 60% on and 4 or 5 of the question I changed and was originally correct the first time.

Student Name: Anthony Drivas				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:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
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:			
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Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
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	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
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Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
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							Faculty/Teaching Assistant Initials:

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

Student name: Anthony Drivas								
Skills Lab Competency Evaluation	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	NS	NS	NS	NS	NS	NS	KA	
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. NS

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient to promote comfort. Excellent work with maintaining sterility throughout the procedure. It was evident that you were well-prepared and cognizant of the sterile field throughout the entire process, job well done. You did not require any prompts throughout either procedure. You were thorough in your approach and were clearly well-prepared. Keep up the hard work! NS

(EBP Lab 1/28/2024)- 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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Anthony 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	S	S						
Faculty/Teaching Assistant Initials	MD	MD						
Remediation: Date/Evaluation/Initials	NA	NA						

* 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