

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
 Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
 Brittany Lombardi, MSN, RN

Faculty eSignature:

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 in 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” the following week. 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:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

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 needed 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, and 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 weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	S	S	NA	NA	S									
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	S	S	NA	NA	S									
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	S	S	S	S	NA	NA	S									
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	S	S	S	S	S	NA	NA	S									
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	S	S	S	NA	NA	S									
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	S	NA	NA	NA	NA	NA	S									
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	S	S	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									
Clinical Location	IS	QC & CD/SH	SP	ICU	ICU	ICU	SIM	NA										

Comments:

Week 2 (1c)- Satisfactory during Infusion Center clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student has good rapport with patients and other nurses. Open to trying new skills and asks good questions.”. Great job! AR

Week 3 (1b)- Satisfactory Cardiac Diagnostics clinical experience. Preceptor comments: “Excellent in all areas. Jill was able to observe pictures of a cath with stent placement, 2 cardioversions, and a Definity and bubble with an echo. She also met with the pacer nurse.” Satisfactory discussion via CDG posting related to this clinical experience. Keep up the great work! AR

Week 4 (1b,c)- Satisfactory during Special Procedures clinical experience and with discussion via CDG posting. Preceptor comments: “Satisfactory in ‘demonstrated prior knowledge of departmental/nursing responsibilities’ and Excellent in all other areas. 2/3 successful IV starts, observed paracentesis, HD cath placement, pulmonary embolus EKOS procedure. Asked great questions.”. Great job! AR

Week 5(1a,d,e): Jill, excellent job this week managing complex patient care situations. You were well prepared for clinical, and you performed very thorough assessments. You were able to administer PO, SQ, and IV medications, while following the six rights of medication administration. You were able to start your ECG book, interpreting and measuring strips appropriately. Keep up the great work! CB

Week 6(1d): Jill, great job this week interpreting and measuring ECG strips and completing your booklet. CB

Week 7- 1a-e,f- Great job this week assessing and managing care for your patient who was sedated and on a mechanical ventilator. Nice job doing thorough assessments and documenting interventions. Medications were all administered through various routes (OG, SQ, IV, IVP) while following the six rights. Keep up the great work! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S									
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S									
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S									
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	S	NA S	S	NA	NA	S									
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S	S	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 5(2e,d) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for your patient. Great job on your care map this week, please see the grading rubric below for comments. CB

*End-of- Program Student Learning Outcomes

Week 6(2a,e): Jill, great job on your pathophysiology, please see the grading rubric below for feedback. You also did a great job in debriefing discussing social determinants of health that may impact your patient’s health and well-being. I changed competency 2d to a “S”, although you did not complete your care map this week, you are always formulating a plan of care for your patient while at clinical. CB

Week 7- 2b,c,d- Nice job participating during debriefing and discussing these topics: great job monitoring for potential risks and anticipating early complications; and recognizing potential changes in patient status and taking appropriate action; nice job also of choosing two priority nursing diagnoses for your patient. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	S	S	S	S	NA	NA	S									
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	S	S	S	NA	NA	S									
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	S	S	S	NA	NA	S									
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	S																
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 2 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 3 (3b,c)- Satisfactory Quality Scavenger Hunt and documentation, along with discussion via CDG posting. Great job! (3b)- Satisfactory during Quality Assurance/Core Measures observation experience. RN comments: Stroke- “Satisfactory in all areas. Great job participating!”; Core Measures & Rapid Response/Standards of Care- “Excellent in all areas.”. Satisfactory discussion via CDG posting. Great job! AR

Week 5(3a): Jill, this week you were able to witness different types of communication among team and the importance of communication when it comes to patient outcomes. CB

*End-of- Program Student Learning Outcomes

Week 6(3a): This week in clinical you were able to witness different communication between healthcare providers caring for your patient and the bedside nurse. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	S	S	S	NA	NA	S									
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	S	S	NA	NA	S									
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 5(4a): Great job discussing in debriefing this week, legal and ethical issues that you observed during clinical. CB

Week 6(4c): Jill, great job in clinical displaying professional behavior, and being a team player! CB

Week 7- 4c- Professional behavior observed at all times in the clinical setting. BS

*End-of- Program Student Learning Outcomes

Objective																		
5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Reflect on your overall performance in the clinical area for the week. (Responding)																		
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	S	NA	NA	S									
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc). (Interpreting)	S	S	S	S	S	S	NA	NA	S									
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	S	S	NA	NA	S									
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	S	S	NA	NA	S									
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	S	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 3 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Keep up the great work! AR

Week 5(5c,e): Great job this week discussing in debriefing ways to create a culture of safety and evidence based tools that are used in the clinical setting to support safety and quality. CB

Week 6(5b): Jill, you do a great job in clinical looking for new opportunities to learn, keep up the great work! CB

Week 7- 5c- Great job in your CDG regarding factors that create a culture of safety. Nice job also finding an evidence-based article that pertains to your patient that explores nurse confidence when performing discharge tasks with heart failure patients, and how their confidence can translate to lower readmission rates. BS

*End-of- Program Student Learning Outcomes

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S	S	S	NA	NA	S									
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S									
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S	S	NA	NA	S									
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S	S	NA	NA	S									
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S	S	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 2 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 3 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience, Cardiac Diagnostics clinical experience, and Quality Scavenger Hunt clinical experience. Great job! AR

Week 4 (6f)- Satisfactory CDG discussion related to your Special Procedures clinical experience. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 5(6c,e,f): Great job this week collaborating with your peers to provide optimal patient outcomes. Your documentation of assessments and medications was thorough and complete. Your CDG was Satisfactory this week. CB

Week 6(6a,b,c): Great job this week collaborating and communicating with peers and your patient to achieve optimal patient care. You also did a great job discussing in debriefing education needs for your patient. CB

Week 7- 6a,c,d,e,f- Great job this week working together with nursing and other staff, and your fellow students to provide excellent care to your patient. You also did a nice job during debriefing with your hand-off report (30/30). Your documenting of nursing interventions and medication administration was also very well done. Keep up the good work! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S									
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	S	NA	NA	S									
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S									
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	S	S	S	S	S	S	NA	NA	S									
d. 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	NA	NA	S									
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS									

Comments:

Week 3 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Keep up the great work! AR

Week 5(7d): Jill, great job in clinical this week having an “ACE” attitude and incorporating core values into your patient care. CB

Week 7- 7a,b- Nice work striving for continuous improvement during clinical activities. You have a high level of dedication and it shows! Nice job also of searching for an evidence-based article to summarize for your CDG this week, well done. BS

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2023

Skills Lab Competency Evaluation	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders/SBAR (1,2,3,4,5,6)*	Prioritization/Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	EKG/Telemetry Placements/CT (1,6)*	EKG Measurements (1,2,4,5,6)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/10/2023	Date: 1/10/2023	Date: 1/10/2023	Date: 1/10/2023	Date: 1/12/2022	Date: 1/12/2023	Date: 1/13/2023	Date: 1/13/2023	Date: 1/13/2023	Date: 1/13/2023
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders: Satisfactory completion of physician's order lab per the SBAR skills competency rubric. You utilized SBAR communication while communicating with a physician and while taking orders over the phone. Good job! CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for the patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Starts: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BS/CB/BL

Blood administration/IV pump: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing/IV push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

Ports/Blood Draw: You were satisfactory in accessing an Infusaport device, demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. Nice work! CB

*End-of- Program Student Learning Outcomes

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL/BS

EKG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of EKG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2023

Student Name: Jill Guseman		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week: 2/7-2/8/23							
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)	3	Great job including all abnormal assessment findings. The only suggestion I would make is to include the CXR your patient had, as part of the diagnostic and lab findings. CB
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	For nursing priorities to following could have been included: self-care deficit, impaired physical mobility, impaired skin integrity, impaired swallowing, risk for aspiration, and risk for electrolyte imbalance. You did a great job of highlighting your patient's top priority, and listing potential complications with s/sx to monitor for each of them. Good job! CB
	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	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You listed appropriate interventions that were prioritized and included a frequency and rationale. Interventions that should also be included would be a respiratory, neuro, and cardiovascular assessment. These would include auscultating lung
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	sounds, assessing edema and heart rhythm, and if your patient was alert. CB
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	Great job reassessing findings for your top nursing priority. Although risk factors do not change, per the care map guidelines, these still need to be reassessed. CB
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
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.						Total Points: 39/42	
Faculty/Teaching Assistant Comments: Jill, you did a great job on your care map! Please see my feedback regarding interventions and nursing priorities that could be included. CB						Faculty/Teaching Assistant Initials: Jill, great job on your care map this week! Keep up all the hard work you are putting in! CB	

Care Map Evaluation Tool
AMSN

Date	Care Map **	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/7-2/8/23	Impaired Gas Exchange	S/CB	NA

2023

** AMSN students are required to submit one satisfactory care map during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback

Pathophysiology Grading Rubric
 Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing
 2023

Student Name: Jill Guseman		Clinical Date: 2/14-2/15/2023	
1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none"> • Current Diagnosis (1) • Past Medical History (1) 		Total Points: 2 Comments: Jill, you did a great job describing your patient and his current diagnosis and past medical history. CB	
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1) 		Total Points: 1 Comments: Great job describing what is happening to your patient on a cellular level. You were very thorough and detailed. CB	
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (1) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1) 		Total Points: 3 Comments: You provided all of your patient's signs and symptoms with a description of why these correlate with the diagnosis. You also explained which symptoms are usually seen that your patient did not have. Good job! CB	
4. Correlate the patient's current diagnosis with all related labs. (4 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (1) • Rationale provided for each lab test performed (1) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1) 		Total Points: 4 Comments: You did a great job with the chart to showing what your patients lab values are, what is normal, and why they are effected by his diagnosis. CB	
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (1) 		Total Points: 4 Comments: You explained diagnostic test your patient had, why the results were related to your patient's diagnosis, and what normal results should	

<ul style="list-style-type: none"> • Rationale provided for each diagnostic test performed (1) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1) 	be. Good job! CB
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p> <ul style="list-style-type: none"> • All related medications included (1) • Rationale provided for the use of each medication (1) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (1) 	<p>Total Points: 3 Comments: You explained all medication your patient was prescribed and how it was related to your patient's diagnosis. CB</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (1) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 	<p>Total Points: 2 Comments: You appropriately explained your patient's past medical history and how it was pertinent to his current diagnosis. Great job! CB</p>
<p>8. Describe nursing interventions related to current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient explained and rationales provided (1) 	<p>Total Points: 1 Comments: Great job discussing interventions that were provided to your patient based on their current diagnosis, with rationales included. CB</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (3 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (1) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (1) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (1) 	<p>Total Points: 3 Comments: You were able to identify all healthcare team members that are involved in your patient's care, and list appropriate interdisciplinary team members that could be involved to ensure high quality care for your patient. Great job! CB</p>
<p>Total possible points = 23 18-23 = Satisfactory 13-17 = Needs improvement <12 = Unsatisfactory</p>	<p>Total Points: 23/23. Jill, great job on your pathophysiology! You were very thorough and met all requirements per the grading rubric. CB</p>

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2023
Simulation Evaluations

vSim Evaluation								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 2/17/2023	Date: 2/27-28/2023	Date: 3/3/2023	Date: 3/17/2023	Date: 3/24/2023	Date: 3/30/2023	Date: 4/21/2023
Evaluation	S	S	S					
Faculty Initials	CB	BS	BS					
Remediation: Date/Evaluation/ Initials	NA	NA	NA					

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): N. Miracle, R. Norman, M. Wilson, J. Guseman

GROUP #: 8

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/28/2023 1430-1630

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices patient is complaining of being tired and nauseous. Notices bradycardia. Notice low SpO2. Patient CO dizziness and nausea. Notices a rhythm change. Another rhythm change noticed.</p> <p>Notices patient has an elevated heart rate with complaints of palpitations. Notices rapid heart rate. Notices patient is in atrial fibrillation. Notices patient's blood pressure is decreased after medication is administered. Notices patient has crackles in lungs.</p> <p>Notices patient is unresponsive, code blue called.</p>
<p>INTERPRETING: (1,2) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets patient's initial heart rhythm as sinus bradycardia. Recognizes a need for medication to increase patient's heart rate. Correctly interprets heart rhythm change as a second-degree type II heart block. With prompting, interprets second heart rhythm change as a third-degree heart block, first identified as a first-degree block.</p> <p>Initially interprets patient's heart rhythm as sinus tachycardia, re-interpreted as atrial flutter, then correctly interpreted as atrial fibrillation. Recognizes patient has a need for medication to decrease heart rate/convert rhythm. Recognize that the diltiazem is causing patient's blood pressure to decrease. Recognizes a need for fluids to increase blood pressure. Prioritizes stopping fluids when crackles in lungs are noticed.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications- EPI 1 mg.</p>
<p>RESPONDING: (1,2,3,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Introduces self and identifies patient. Establishes orientation. Obtains patient's vital signs. Inquires about patient's symptoms and admitting diagnosis. MET called.? Allergies assessed. Call to provider with good SBAR with recommendation for atropine. Order received, remember to read back. Atropine prepared, patient identified, medication administered. Oxygen applied and titrated. MET called. Rhythm change noted. Call to provider to inform of rhythm change, recommends temporary pacemaker. Alternate medications suggested (dopamine, epinephrine). Order received and not read back.</p> <p>Introduces self and identifies patient. Establishes orientation. Inquires about patient's admitting diagnosis and symptoms. Places patient on the monitor. Obtains vital signs. Inquires about patient's activities prior to visit. Call to provider report sinus tachycardia (A-fib) with</p>

*End-of- Program Student Learning Outcomes

	<p>recommendation for beta blocker, then diltiazem. Order received for diltiazem bolus and drip (correct dosages provided), orders read back. Patient identified, diltiazem bolus infused and drip initiated. Reassesses patient and vital signs. Notifies physician of patient's dizziness, decreased blood pressure. Recommends a fluid bolus. Fluid bolus recommended, order received, order read back, fluid administered. Patient coughing and complaining of SOB. Notifies physician of patient's fluid overload symptoms, requests amiodarone and/or cardioversion.</p> <p>Patient placed on monitor. V-fib recognized on monitor. Code blue called, CPR initiated. Fast-patches applied, EPI administered, q3 min. Shock delivered. CPR, 2nd shock. Amiodarone identifies as an alternate drug to epi.</p>
<p>REFLECTING: (1,2,5) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Good teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms, importance of informing physician of patient history (CHF, EF_ 40%). Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Discussed the importance of not being in contact with any part of the patient of the bed when delivering a shock. Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>

*End-of- Program Student Learning Outcomes

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>You are satisfactory for this simulation. Great job! BS</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2023**

**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 & Date:

ar 12/20/2022