

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty eSignature:

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.

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
Laster 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	NA	NA	NA	NA	NA	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S	S								
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	NA	NA	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NI	S	S	NA	NA	NA	NA	NA	S	NA								
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	S NA	NA	NA	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	S	S	S	NA	NA	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	NI	NA	NA	NA	NA	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									
Clinical Location	PM 4N	PM 3T	PM 3T	DH		NA	PD	NA		IS								

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1d) Rhythm interpretation takes practice, you will get better with more exposure and seeing different kinds of rhythms. Take it one step at a time, recognize it is abnormal based off of measurements first and then determine rhythm based off the knowledge you have about those measurements. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

1d. Pt on 4N was on tele and was tachycardic with A-fib. I was able to notice the irregular rhythm, but I still need to work on the actual reading of a monitor. I will continue to study and read about it to work on it for next week. Great job! Soon you will be great at reading these strips! AR

Week 3 (1a,b,c)- Satisfactory in managing your patients during your patient management clinical experiences this week! AR

Week 4 1g. Pt on 3T who wasn't mine had their IV pump and call light going off for >5 min. Answered call light and pt stated her IV was done. I should have called the nurse before turning off her empty heparin infusion, which I didn't know was continuous. I will use this mistake as a learning experience and study heparin continuous infusions, and also not touch IV pumps if they're not my patient and if I don't know anything about their infusion. And I hope the patient didn't go too long without their heparin drip and that I did not cause any harm to them. Livia, great learning experience and making sure to always check with the primary RN is always a great decision. It is always important to know what is going on with the patient before performing any tasks especially when it is medication related. FB

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 5-1(f) Great job performing IV starts during the digestive health clinical. Proper technique and aseptic procedures were followed. Keep up the great work! FB

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	NA	NA	NA	NA	NA	S	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	NA	NA	NA	NA	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S NA	NA	NA	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S NA	NA	NA	NA	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting)	S	S	S	NA	NA	NA	NA	NA	S	NA								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA	NA	S	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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 NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
a. Critique communication barriers among team members. (Interpreting)	S NA	NA	NA	NA	NA S	NA	NA	NA	S	NA								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S NA	NA	NA	NA	NA	NA	NA	NA	NA	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	S	S	NA	NA	NA	NA	NA	S	NA								
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	FB	AR	FB	BL	AR	BL	BL	BL	BL									
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

Week 2 (3a,b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 3 (3e)- Satisfactory during patient management clinical experiences this week. RN comments: 1/24- "Satisfactory – Collection/Documentation of Data, Establishment of Plan of Care, Communication Skills and Delegation. Excellent – Demonstrates prior knowledge of departmental/nursing responsibilities, demonstrates safe completion of nursing skills and Demonstrates professionalism in nursing. Experienced removal of NGT, central line, foley placement and TPN administration." 1/25- "Satisfactory – Collection/Documentation of Data, Establishment of Plan of Care, Communication Skills and Delegation. Excellent – Demonstrates prior knowledge of departmental/nursing responsibilities, demonstrates safe completion of nursing skills and Demonstrates professionalism in nursing. Handled workload well with 3 patients. I am confident that she will succeed with 4.". Satisfactory discussion via CDG posting related to your patient management clinical experiences. Keep up the great work! AR

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients and the priority patient of assigned patients. Keep up the great work! FB
Week 6 (3b)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. RN comments: Stroke- "Satisfactory in all areas. Good luck on surgical floor!"; Core Measures- "Satisfactory in all areas."; Rapid Response and Standards of Care- "Excellent in all areas.". Great job! AR

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	NA	NA	NA	NA	NA	NA	NA	NA	NA								
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	NA																	
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	NA	S	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

Week 2 (4a)- This competency will be addressed in a future clinical experience. Week 2 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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	NA	S	NA	S	S								
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	S	NA	S	NA	S	S								
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	NA	S	NA	S	S								
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	NA	S	NA	S	NA	S	S								
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	NA	NA	S	NA	S	S								
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S								
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	NA	S	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

(5a)- Reported on by assigned RN during clinical rotation 1/17/2023– Excellent in all areas. Student goals: “Time management and start IV.” Additional Preceptor comments: “Great willingness to learn! Did very well when it comes to interventions: TPN, foley catheter, discontinuing IV’s etc! Fun to work with!!” KL/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/31/2023 – Excellent in all areas. Student goals: “Manage 4 patients with better time management.” Additional Preceptor comments: “I had a lot of compliments from multiple staff stating how great of a nurse Livia will be. Very willing and eager to do different tasks, and looked for different learning opportunities. Also assisted with patients outside of her group today. Functioned very well independently, cannot say enough great things about Livia!” CA/FB Reported on by assigned RN during clinical rotation on 2/1/2023 – Excellent in all areas. Student goals: “To be able to recognize disease processes and handle an intensive care patient.” Additional Preceptor comments: “Amazing job! Handled four patients today, and had great time management. Recognized important abnormal lab values. Initiated patient skills without needing prompted. Great team player by assisting orderlies with patient care. Again, multiple compliments from staff, and patients. Great IV start also! Overall will make a great nurse!” CA/FB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Great job! AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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	NA	NA	NA	NA	NA	S	S								
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	NA	NA	S	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	S	NA	S	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

(6d)- Satisfactory completion of Hand-Off Report competency rubric, 30/30 points. RN comments: Livia was able to give a great and informative report! She was able to fill in all of the blanks. KA/FB (6f)- CDG was posted following all rubric criteria and on-time. FB

Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experience. Great job! AR

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

*End-of- Program Student Learning Outcomes

Week 6 (6f)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Keep up the great work! AR
Week 8-6(c,f) Livia, you did an excellent job discussing how the patient advocate and discharge planner each collaborate with members of the healthcare team to achieve optimal patient outcomes in your CDG. Your CDG was very thorough and well done this week. Comments from your preceptor for your Patient Advocate/Discharge Planner clinical experience: Excellent in all areas. "Livia asked a lot of great questions during clinical! Great job!" Keep up all your hard work! BL

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	NA	S	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	NA	S	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	NA	S	NA	S	S								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	NA	S	NA	S	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	NA	S	NA	S	S								
Faculty Initials	FB	AR	FB	BL	AR	BL	BL	BL	BL									

Comments:

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. FB

Week 6 (7a)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Keep it up! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

2023

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	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)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	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	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Week 1 Lab 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

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

ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/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:				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	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

	included for each intervention						
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:						Total Points: Faculty/Teaching Assistant Initials:	

AMSN
2023

Date	Care Map **	Evaluation & Instructor Initials	Remediation & Instructor Initials

**

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:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) - Current Diagnosis (1) - Past Medical History (1)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) Pathophysiology-what is happening in the body at the cellular level (1)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) - 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: Comments:
4. Correlate the patient's current diagnosis with all related labs. (4 points total) - 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: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) - All patient's relevant diagnostic tests and results included (1) - 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)	Total Points: Comments:
6. Correlate the patient's current diagnosis with all related medications. (3 points total)	Total Points: Comments:

• 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)	
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) • All pertinent past medical history included (1) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)	Total Points: Comments:
8. Describe nursing interventions related to current diagnosis. (1 point total) • All nursing interventions provided for patient explained and rationales provided (1)	Total Points: Comments:
9. Discuss the role of interdisciplinary team members in the care of the patient. (3 points total) • 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)	Total Points: Comments:
Total possible points = 23 18-23 = Satisfactory 13-17 = Needs improvement <12 = Unsatisfactory	

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

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory								
	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)
	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	Date: 4/21/2023
Evaluation	S	S	S					
Faculty Initials	AR	BL	BL					
Remediation: Date/Evaluation/ Initials	NA	NA	NA					

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Sarah Kopp, Gloria Plue, Livia Suresh, John Zura

GROUP #: 4

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 27, 2023 1430-1630

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (1,2)* - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Notices patient is complaining of fatigue and nausea. Notices patient's heart rate is low. Notices patient's SpO2 is decreased. Notices patient's heart rhythm change with a decrease in blood pressure. Notices second heart rhythm change. Notices patient's heart rate is elevated and SpO2 is decreased. Notices there is no change in patient's heart rate or rhythm after medication administration. Notices decreased blood pressure. Notices patient is in fluid overload. Notices patient has crackles. Notices patient is unresponsive and pulseless.				
INTERPRETING: (1,2)* - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Initially prioritizes performing assessment. Interprets patient's initial heart rhythm as sinus bradycardia. Recognizes a need for medication to increase heart rate. Interprets heart rhythm change as a second degree type II heart block. Interprets second heart rhythm change as first degree heart block. Initially interprets patient's heart rhythm as atrial flutter; then recognizes it is atrial fibrillation. Recognizes a need to administer medication to decrease patient's heart rate. Recognizes a need for a fluid bolus to increase patient's blood pressure. Prioritizes stopping patient's fluids when patient shows signs of fluid overload. Interprets patient's heart rhythm as ventricular fibrillation.				
RESPONDING: (1,2,3,5,6,7)* - 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	Introduces self and identifies patient. Obtains vital signs, performs assessment. Notifies physician of patient's decreased heart rate and SpO2. Recommends Atropine 0.5-1 mg IVP. Applies 2L of oxygen via nasal cannula. Calms and reassures the patient. Administers Atropine 0.5 mg IVP. Reassesses patient's heart rhythm. Notifies physician of rhythm change. Obtains vital signs, increases oxygen. Reassesses heart rhythm. Introduces self and identifies patient. Obtains vital signs and places patient on the monitor. Applies oxygen 2L via nasal cannula. Auscultates patient's heart. Notifies physician of patient's elevated heart rate and abnormal rhythm. Recommends administering diltiazem bolus followed by a drip. Asks the patient to cough and bear down to help bring down heart rate. Educates patient on diltiazem. Administers diltiazem bolus and drip. Reassesses patient				

*End-of- Program Student Learning Outcomes

	and obtains vital signs. Notifies physician about patient's decreased blood pressure. Recommends IV fluid bolus. Administers fluid bolus IV. Reassesses patient and vital signs. Stops IV fluids when patient has symptoms of fluid overload. Performs a focused respiratory assessment. Calms and reassures the patient. Notifies physician that patient is in fluid overload after IV fluid bolus. Recommends administering Amiodarone or performing a cardioversion. Calls MET. Initiates CPR. Applies fast patches. Defibrillates patient. Restarts CPR. Administers epinephrine 1 mg IVP.			
REFLECTING: (1,2,5)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	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). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. 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. Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!			
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: Differentiate the clinical characteristics and	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. 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. Responding: Generally displays leadership and confidence and is able to			

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)*	control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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. You are satisfactory for this simulation. Great job!
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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

*End-of- Program Student Learning Outcomes