

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

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2- 1a,b,e- Nice job assessing and providing care to your patients this week Marisol. Medications were all administered (IV, IVP, OG, SQ) while observing the rights of medication administration. Several rhythm strips were interpreted and measured. BS

*End-of- Program Student Learning Outcomes

Week 3-1(a-e, g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. You were able to determine rates and measurements on several ECG strips, and practice interpreting cardiac rhythms. Your medication passes were very well done, and you had the opportunity to administer PO, SQ and IVP medications all while following the six rights. Great job monitoring your patient very closely to ensure positive patient outcomes. BL

Week 4- 1a-e,g- Very good job assessing and managing care for your patient this week. Several cardiac rhythms were interpreted and waveforms measured. Nice job administering medications (PO, IVP) while observing the six rights. BS

Week 6-1(b,c,f) Marisol, excellent job discussing nursing interventions you observed during your Special Procedures and Infusion Center clinical this week. You also did a nice job evaluating the patients' response to the nursing interventions performed as well. Comments from your preceptor in Special Procedures: "Several IV attempts, 1 successful. Observed paracentesis, fistulogram, and kidney biopsy. Set-up sterile procedure tray. Eager to participate." Comments from your preceptor in Infusion Center: "Marisol participated and observed in wound dressing changes, PICC and port accessing, IV antibiotics and blood transfusions." Keep up all your great work! BL

Week 7 (1b)- Satisfactory during Cardiac Diagnostics clinical and with CDG posting. Preceptor comments- "Excellent in all areas. TEEs (three!), Lexiscan stress, pacer clinical, CV, explained left heart cath.". Great job! AR

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

Comments:

Week 2- 2a,c,d,e- Nice job correlating the relationships among your patient’s disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills. Pathophysiology- Satisfactory! BS

Week 3-2(e) You did a great job this week in debriefing discussing social determinants of health that may have impacted your patient’s health, well-being, and quality of life. BL

*End-of- Program Student Learning Outcomes

Week 4- 2a,b,c,d- Great job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills to formulate a prioritized nursing plan of care. (40/42- Satisfactory). Great job also monitoring your patient for potential complications, recognizing changes in your patient's status, and responding with the appropriate actions. BS

Week 6-2(a) Excellent job in your CDG correlating the patient's signs and symptoms to the vascular procedure you observed in your Special Procedures clinical experience this week. BL

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	NA	S	S	NA	NA	S	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	NA	S							
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	NA	S	S	NA	NA	S	NA	S							
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	NA	S	S	NA	NA	S	NA	S							
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	S																
Faculty Initials	BS	BL	BS	AR	BL	AR	AR	AR	AR	FB								

Comments:

Week 3-3(c) You did a great job ensuring you used the PAR system appropriately when obtaining care items for your patient this week in clinical. This is just one important way to ensure fiscal responsibility in clinical practice. BL

Week 5 (3b)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. RN comments: Rapid Response and Standards of Care- "Excellent in all areas."; Core Measures- "Satisfactory in all areas."; Stroke- "Satisfactory in all areas. Good luck on 4P!". Great job! AR

Week 6-3(c) Excellent job discussing witnessed strategies to achieve fiscal responsibility that you observed during your Infusion Center clinical in your CDG this week. BL

Week 7 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Keep up the great work! AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2- 4a,b,c- Good participation during post-clinical discussion of legal and ethical issues observed in the clinical setting. Professional behavior in the clinical setting observed at all times. BS

Week 4- 4b,c- Good job engaging with your patient, professional behavior observed at all times. BS

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

Comments:

Week 2- 5a,c,e- Good overall performance in the clinical setting. During post-clinical discussion you were able to describe factors that create a culture of safety and discuss the use of EBP tools that support safety and quality. BS

Week 3-5(b) Marisol, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and consistently well prepared. You took excellent care of your patient this week. Keep up all your great work! BL

Week 4- 5a,b- Great performance in the clinical setting Marisol. You are conscientious about your work, organized, and do a nice job. BS

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	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	NA	S	NA	NA	NA	S	NA	S							
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	NA	S	S	NA	NA	S	NA	S							
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	S							
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	S							
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S	S	NA	NA	S	NA	S							
Faculty Initials	BS	BL	BS	AR	BL	AR	AR	AR	AR	FB								

Comments:

Week 2- 6a,b,c,d,e- Nice job interacting with the nursing staff and your classmates, which can help lead to positive patient outcomes. Nice job with documentation too. BS

Week 3-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. BL

Week 3-6(d,e,f) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. You did an excellent job with your CDG this week. Keep up the great work! BL

*End-of- Program Student Learning Outcomes

Week 4- 6a-f- Great job collaborating with the nursing staff, your fellow students, and your patient this week. Great job with documentation and medication administration also. Excellent work on your Care Map, keep up the good work! BS

Week 5 (6f)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Great job! AR

Week 6-6(a,c) Excellent job identifying and discussing witnessed examples of collaboration amongst healthcare team members during your Infusion Center clinical in your CDG this week. BL

Week 6-6(f) Satisfactory completion of all CDGs this week. Excellent job! BL

Week 7 (6f)- Satisfactory CDG postings this week! Keep up the great work! AR
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	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	NA	S							
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	NA	S	S	NA	NA	S	NA	S							
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	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	NA	S							
Faculty Initials	BS	BL	BS	AR	BL	AR	AR	AR	AR	FB								

Comments:

Week 3-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Severe Covid-19 Pneumonia: Pathogenesis and Clinical management." Excellent job! BL

Week 5 (7a)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Keep up the great work! AR

Midterm- Great job in all clinical experiences during the first half of the semester! Keep up the great work as you proceed to graduation! 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	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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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

Care Map
Evaluation Tool
AMSN
2023

Date	Care Map **	Evaluation & Instructor Initials	Remediation & Instructor Initials
01/31-02/01/2023	4T	Satisfactory-BS	NA

** 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.

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

Student Name: M. Fick		Course Objective: 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)*					
Date or Clinical Week: Week 4							
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	Nice job identifying abnormal assessment findings, lab/diagnostic values, and risk factors.
	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	3	Priority problem identified and all relevant assessment data highlighted. 2 potential complications identified with signs and symptoms for each provided.
	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)	2	
	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	Nice job prioritizing interventions. I would suggest adding interventions for education, ambulation.
	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	

*End-of- Program Student Learning Outcomes

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All highlighted assessment data re-evaluated.
	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	
<p>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.</p> <p>Faculty/Teaching Assistant Comments:</p>							<p>Total Points: 40/42 Satisfactory. BS</p>
							<p>Faculty/Teaching Assistant Initials: Nice work Marisol! BS</p>

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

Student Name: M. Fick

Clinical Date: 1/17-1/18/2023

<p>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (1) • Past Medical History (1) 	<p>Total Points: 2 Comments: Good explanation of the patient's diagnoses and past medical history.</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1) 	<p>Total Points: 1 Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</p> <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) 	<p>Total Points: 3 Comments: Nice job correlating the patient's signs and symptoms to her diagnoses.</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</p> <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) 	<p>Total Points: 4 Comments: Great job discussing the patient's lab values and providing rationales for them. Nice job also of explaining their relevance to her diagnoses.</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 4 Comments: All relevant diagnostic tests included with correlation to diagnoses, rationales provided.</p>
<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) 	<p>Total Points: 3 Comments: Nice job correlating medications with the diagnosis and providing rationales.</p>

<ul style="list-style-type: none"> • 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>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:</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: 0.5 Comments: Nice job with interventions.</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: Nice job discussing the interdisciplinary team and identifying other disciplines that could help ensure positive patient outcomes.</p>
<p>Total possible points = 23 18-23 = Satisfactory 13-17 = Needs improvement <12 = Unsatisfactory</p>	<p>22.5/23 Satisfactory. Nice work Marisol! BS</p>

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	S				
Faculty Initials	BL	AR	AR	FB				
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA				

* Course Objectives

Week 8 simulation- Satisfactory during Week 8 simulation. See simulation rubric on the following page. AR

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): M. Fick, C. Hall, J. West, J. Fide
 GROUP #: 7
 SCENARIO: Week 8 Simulation
 OBSERVATION DATE/TIME(S): 2/28/2023 1230-1430

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. Notices low SpO2. Patient CO dizziness and nausea. Notices a rhythm change. Another rhythm change noticed.</p> <p>Notices patient's heart rate is elevated and rhythm is abnormal. Notices there is no change in patient's heart rate or rhythm after medication administration. Notices patient's blood pressure is low. Notices patient has cough, crackles, and shortness of breath following fluid bolus.</p> <p>Notices patient is unresponsive, code blue called. CPR.</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. Interprets heart rhythm change as a second-degree type II heart block. Interprets second heart rhythm change as a first-degree block initially, then correctly interprets third-degree heart block.</p> <p>Heart rhythm identified as atrial fibrillation. Initially does not recognize that the diltiazem is causing patient's blood pressure to decrease. Recognizes a need for fluids to increase blood pressure. Prioritizes stopping fluids after patient begins to have crackles in lungs.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications.</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. Places patient on the monitor and obtains vital signs. Call to provider to report sinus bradycardia and associated symptoms, recommends atropine. Orders received and read back. Atropine prepared, patient identified, medication administered. 2nd dose administered. Call to provider reporting 2nd degree type 2 heart block with recommendation. Another rhythm change noted, dopamine or epinephrine drip recommended.</p> <p>Introduces self and identifies patient. Places patient on the monitor. Obtains vital signs. Orientation established. Call to provider to report</p>

*End-of- Program Student Learning Outcomes

	<p>Afib with RVR, palpitations, recommends diltiazem or amiodarone, dose for Diltiazem provided (bolus of 5 mg [should be 25 mg] and drip 25 mL/hr [should be 5-15 mL/hr]). Orders received and read back. Dietary education provided while diltiazem prepared. Diltiazem prepared and administered. Call to provider with recommendation for IV fluid. Order received for fluid bolus. Bolus began. Fluids stopped when patient begins having symptoms. Call to provider following bolus to report symptoms.</p> <p>Monitor applied. CPR initiated immediately. Ambu-bag. 1 mg EPI administered. Fast-patches applied. EPI. Shock delivered, CPR resumed. EPI continued q 3 min. Amiodarone verbalized as an alternative drug in the situation.</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 the first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication. Great teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed the importance of examining patient history when determining a fluid bolus. 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). 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>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data,</p>

*End-of- Program Student Learning Outcomes

<p>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>including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family</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: Generally displays leadership and confidence and is able to 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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary nursing skills.</p> <p>Reflecting: 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

*End-of- Program Student Learning Outcomes

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