

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student: Lyndsey Sitterly

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, CNE

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, CNE		
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															
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S															
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S															
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S															
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S															
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S															
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	N/A	N/A	N/A															
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S															
Faculty Initials	BL	BS																
Clinical Location	4P/ 4C	4C	4C															

Comments:

Week 2-1(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. Your medication passes were safely done, and you had the opportunity to administer PO (both orally and via OG tube), SQ and IVP medications all while following the six rights. You also had the opportunity to observe your patient have a heart cath procedure. Great job monitoring your patients very closely on both 4P and the ICU to ensure positive patient outcomes. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Week 3- 1a,b- Great job this week managing and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, SQ, and IVP. BS

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															
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)																		
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S															
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S															
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	N/A	N/A															
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S															
Faculty Initials	BL	BS																

***When completing the 4T Care Map CDG refer to the Care Map Rubric**

Comments:

Week 2-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

*End-of- Program Student Learning Outcomes

Week 2- 2a- Nice job correlating the relationships among your patient’s disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient’s condition. 2e- You did a nice job during debriefing discussing social determinants of health that could have an impact on your patient’s health, well-being, and quality of life. 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															
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	S															
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S															
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S															
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	N/A	N/A	N/A															
Faculty Initials	BL	BS																

Comments:

Week 2-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL
 Week 3- 3c- You did a great job during debriefing of critiquing communication barriers observed in the clinical setting. BS

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															
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															
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S															
Faculty Initials	BL	BS																

Objective 4a: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

Week 2: A potential ethical issue I noticed during my clinical experience this week was that my patient in the ICU did not have a POA and had no family that lived nearby. Before she was intubated, she stated that her daughter and granddaughter could be told information regarding her care and status but wanted the granddaughter to be notified first if possible. Since she did not designate anyone as her POA, the decisions regarding her care may not go to someone she desired to have that power. As she had been recently admitted and intubated by the time I was able to care for her, especially since she was admitted with respiratory distress, I feel that determining her level of education of POAs would have been difficult. While there would still be a process to determine who will fill the POA position, it is hard to determine what her true wishes were while she could still advocate for herself. **This is a great example of a potential ethical issue that may occur. As you mentioned, because this patient does not have a designated POA, in the event the patient is unable to make decisions for herself (such as being on a ventilator) her next of kin will be given the authority to make decisions. The hope is that those individuals will carry out her wishes, but also that they know her wishes to begin with. This is why it is so important that patients designate POAs, as well as choose someone who will definitely advocate to see their wishes carried out in end of life situations. BL**

Week 3: I had the same patient this week that I did my legal/ethical competency on last week. However, my patient went into cardiac arrest on the 23rd and has been through numerous tests and procedures since the previous week. As she is 79 years old, this takes a huge toll on her body. As we do not know when she set her code status to a full code, it brings up the question of whether she would keep her full code status or switch to a DNR if she was alert and oriented after everything she has been through. Many people do not fully understand how many interventions can be performed to keep a person alive, and do not realize the toll it takes on an older

*End-of- Program Student Learning Outcomes

individual. After her cardiac arrest, the cooling protocol that followed, and all the medications and other interventions that were performed, would she still want to stay as a full code or would she feel that she has been through a lot/too much already? **Great example, Lyndsey. I wonder the same thing. I kind of have the feeling that she would not want all of this done to her. It's unfortunate that her family members are not involved more. If she doesn't wake up, they will have some tough decisions to make. BS**

Week 4: My patient this week is quadriplegic after being shot in the neck around a year and a half ago, and this requires her to have a full-time caregiver in order to meet her daily needs. Her mother is currently her caregiver and she is retired, having the time to care for her daughter. However, as she gets older she may not be able to give the same level of quality care that she can now. If she cannot care for her daughter anymore she will have to either rely on another family member or have to go to a long-term care facility. These facilities can be expensive, especially if there are not a lot of extra funds already. My patient's quality of life can dramatically decline if these factors occur later on, and she would not have any control over it as she needs the assistance.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

Comments:

Week 2-5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL
 Week 3- 5b- You showed initiative this week and were able to place a new OG tube when the patient’s tube went bad, with good technique. Nice work! BS

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															
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															
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S															
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S															
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S															

*End-of- Program Student Learning Outcomes

f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S															
Faculty Initials	BL	BS																

Comments:

Week 2-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 3- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your pathophysiology CDG this week. 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															
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S															
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	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															

*End-of- Program Student Learning Outcomes

Faculty Initials

BL	BS																		
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Comments:

Week 3- 7d- Great example of an “ACE” attitude this week. Keep it up! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
 AMSN
 2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
01/16/2024- 01/17/2024	Risk for Impaired Cardiovascular Function	Satisfactory BL	NA

**

AMSN students are required to submit one satisfactory care map (CDG) 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.

Comments:

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2024

Student Name: Lyndsey Sitterly		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: 01/16/2024-01/17/2024							
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	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	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 your nursing problems/diagnoses, remember that your top priority problem should not be a "risk for" diagnosis. Your patient has an active problem going on. Therefore, your top priority would be "Impaired Cardiovascular Function." With that being said, the other "risk for" diagnoses you have listed are appropriate. Some other nursing problems/diagnoses you may have wanted to include: decreased activity tolerance, unstable blood pressure, decreased cardiac tissue perfusion (this would be a better top priority problem), and acute pain. Great job listing potential complications for your top nursing priority problem, as well as signs and symptoms to monitor for each complication.
	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	
Respo	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Overall, you did an excellent job with your nursing interventions. My only suggestion here is that it would have been important to include an intervention related to
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

nding	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	monitoring your patient's heart rhythm, as well as monitoring specific cardiac related labs.
	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	1	For your evaluation, you need to list all of the highlighted reassessment findings for the top nursing priority. Therefore, it would be important to include a reassessment of the labs and diagnostic testing if it is available.
	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*</p> <p>*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: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL</p>						<p>Total Points: 39/42</p> <p>Faculty/Teaching Assistant Initials: BL</p>	

Pathophysiology Grading Rubric
 Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing
 2024

Student Name: L. Sitterly

Clinical Date: 1/23-1/24/2024

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: 4 Comments: Great job describing your patient's current diagnosis and past medical history.</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: 6 Comments: Nice job explaining what is going on in the body at the cellular level for one experiencing acute hypoxic respiratory failure.</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: 6 Comments: Nice work making correlations between your patient's signs and symptoms and her diagnosis of acute hypoxic respiratory failure.</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>Total Points: 12 Comments: Good job providing relevant lab values and rationales for acquiring them. Normal ranges also provided, as was an explanation of how these values correlate with the current diagnosis.</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: 12 Comments: Nice work discussing the diagnostic tests performed on your patient, their results, and their correlation to her diagnosis.</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) 	<p>Total Points: 9 Comments: Very good job making the connections between the medications your patient was receiving</p>

<ul style="list-style-type: none"> • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 	<p>and their role(s) in treating her condition.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: 4 Comments: Good explanation of your patient's past medical history and how it correlates to her diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: 6 Comments: Nice job providing a prioritized list of nursing interventions pertinent to your patient, and providing rationales as to why they are performed.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: 6 Comments: Good discussion of your patient's interdisciplinary team members and their role in her care.</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course 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)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: 65/65 Satisfactory Comments: Great work Lyndsey! BS</p>

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

vSim Evaluation 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: 2/16/2024	Date: 2/26-27/2024	Date: 3/1/2024	Date: 3/15/2024	Date: 3/22/2024	Date: 3/28/2024	Date: 4/19/2024	Date: 4/19/2024
Evaluation								
Faculty Initials								
Remediation: Date/Evaluation/ Initials								

* Course Objectives

Skills Lab Evaluation Tool
AMSN
2024

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 (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Hand-off report/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/11/2024	Date: 1/11/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	CB/BS	BL	AR	FB/CB/BL/BS	AR	FB/CB	BL/BS	BL/BS	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: 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/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. 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 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 Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BL/CB/BS

Blood Admin/IV Pumps: 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 Change: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. FB

Ports/Blood Draw: You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

*End-of- Program Student Learning Outcomes

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! BL/BS

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/13/2023