

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

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

Comments:

Week 2- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered while observing the rights of medication administration. BS
 * Please remember to enter your clinical location each week.

*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. All head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO and IV medications all while following the six rights. You demonstrated appropriate skill and sterile technique while inserting a Foley catheter. A reminder to be extra cautious when your sterile gloves are on that you don't accidentally brush the non-sterile one-inch border of the drape at all when manipulating your Foley supplies. If this ever does accidentally happen, be sure to change your gloves before proceeding. Overall, great job monitoring your patient very closely this week to ensure positive patient outcomes. BL

Week 4- 1a-e,g- Nice work this week assessing and providing care for both of your patients this week. You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. Medications were all administered using several routes (PO, SQ, IV) while observing the six rights. The care you provided was well done, timely, and documented well. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
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	N/A														
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	N/A														
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	N/A														

*End-of- Program Student Learning Outcomes

e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	N/A														
Faculty Initials	BS	BL	BS															

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

Comments:

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 a prioritized care map related to your patient’s condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

Week 3-2(a) Excellent job utilizing your clinical judgment skills to correlate relationships among your patient’s disease process, history, symptoms, and present condition. Please refer to the Pathophysiology Grading Rubric for my feedback. 2(e) 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

Week 4- 2b,c,d- Nice job choosing two priority nursing diagnoses for your patient during debriefing. Good job also of discussing monitoring for potential risks, anticipating early complications, and taking actions when there is a change in patient condition. 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	N/A														
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	S	N/A														
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	S														
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	N/A														

*End-of- Program Student Learning Outcomes

e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	N/A	N/A	N/A	N/A														
Faculty Initials	BS	BL	BS															

Comments:

Week 2- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS

Week 3-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Week 4- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. 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	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	N/A														
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S														
Faculty Initials	BS	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: One ethical issue that I observed during clinical was with a different patient. This patient wishes were to be on hospice and not to be intubated, but the patients brother who is also his POA, went against the patients wishes and intubated the patient. When you would go by the patient room you could see the brother messing with the patient and this would get the patient very upset, the patient would even start shaking his head telling his brother to stop. Great example, Keyara. This was definitely an interesting case. I wish we could have seen how it turned out. BS

Week 3: During my clinical it was discussed about having a chest tube placed in my patient. The POA and the daughter were okay with the patient getting a chest tube in, but they didn't get the input from the patient. My patient would be very confused at sometimes and I feel like telling her this information is unfair in a way because she may not even understand what is being said, or may hear us talking to her but doesn't hear what we are actually telling her. This can create any legal or ethical issue

*End-of- Program Student Learning Outcomes

in the future. Great job, Keyara. Although the patient was confused at times, she could also be oriented at times as well. She should be included in all decisions about her medical care, and it is important that the physicians continue to talk to her and not just her family. BL

Week 4: This week I was taking care of a patient who used to be a physician because of this my nurse was assuming that the patient understood everything and didn't need any education. It is important to never assume that your patient understand everything or doesn't need education just because they have experience in the medical field. This can create some barriers in the patients plan of care. I think the patient should still be treated like any other patient and get the same amount of explanation and education as other patients would. Good thinking Keyara. People that are hospitalized are in an unfamiliar environment, so we need to explain what we are doing and why. Because of the unfamiliar environment they may not be thinking normally and may need more that what we think. BS

Week 5: This week during quality assurance and core measures we talked about how some nurses may not be properly documenting and may be taken to court do to their quality of care. If they are taken to court the judge is going to look at their documentation and see if that the documentation is accurate, consistent, and if it makes sense. This clinical really showed how important it is to make sure our documentation is accurate and is true because there has been many situations where nurses aren't properly documenting so therefore the courts may question their quality of care.

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	S														
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S														
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S														
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S														
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	N/A														

*End-of- Program Student Learning Outcomes

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	BS	BL	BS															

Comments:

Week 2- 5a- Good performance in the clinical setting this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 3-5(b) Keyara, you were very eager to learn and practice skills this week on 4P. Keep up all your hard work! BL

Week 4- a,b- Week 4- 5b,c- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. Keep it up! You did a nice job during debriefing of discussing actions you took this week to create a culture of safety for your patients. 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	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	N/A														

*End-of- Program Student Learning Outcomes

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

Comments:

Week 6- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. 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. 6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) 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. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 4- 6 a,b,c,e,f- Great job working together with your assigned nurse, fellow students, and staff to achieve positive patient outcomes and provide quality care. Great job also with documentation in the electronic health record. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		

*End-of- Program Student Learning Outcomes

b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S														
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	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	S														
Faculty Initials	BS	BL	BS															

Comments:

Week 2- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 3-7(d) Keyara, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

Week 4- 7a,b,c,d- Great job in clinical these past weeks, Keyara. You have a great attitude and are going to be excellent in your new RN role in a few short months! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/18/2024	Impaired Urinary Elimination	Satisfactory. BS	NA/BS

2024

** 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: K. Schneider		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week: 2							
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 and lab values. Relevant risk factors were also provided.
	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	3 nursing priorities included. Top priority not highlighted. Additional needs include education regarding Foley catheter care and home health expectations. Appropriate assessment data highlighted. 3 potential complications and associated symptoms 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)	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	2	Nice job with interventions. I would suggest additional interventions including
	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	assisting patient with ambulation to help ensure safety and education related to Foley catheter care and home health. Interventions listed are prioritized, include frequencies, are realistic, and have rationales provided.
	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	Abnormal assessment findings are all addressed and plan of care is terminated.
	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>						Total Points: 40/42 Satisfactory	
<p>Faculty/Teaching Assistant Comments: Nice work on your care plan, Keyara! (Remember to put your name on assignments.) BS</p>						Faculty/Teaching Assistant Initials: BS	

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

Student Name: Keyara Schneider

Clinical Date: 01/23/2024-01/24/2024

<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)-2 • Past Medical History (2)-2 	<p>Total Points: 4 Comments: Great job providing a description of 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)-4 	<p>Total Points: 4 Comments: Excellent job describing the pathophysiology of sepsis. I would have liked for you to also explain the pathophysiology of pneumonia and how that led to your patient becoming septic. Your patient was also diagnosed with a pneumothorax, but this was secondary to the fall she had at the nursing home.</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)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-0 	<p>Total Points: 4 Comments: Great job discussing your patient's signs and symptoms, and comparing them to the typical signs and symptoms presented with pneumonia and sepsis. You did not provide an explanation of how these signs and symptoms correlate with pneumonia or sepsis. In other words, you need to explain what is happening in the patient's body when they have pneumonia or sepsis that causes them to display these signs and symptoms.</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)-2 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3 	<p>Total Points: 11 Comments: Nice job correlating the patient's current diagnosis with all related labs. It would have been important for you to include the patient's blood cultures as well.</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p>	<p>Total Points: 12 Comments: Great job. The head CT was performed</p>

<ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (3)-3 Rationale provided for each diagnostic test performed (3)-3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3 	<p>because the patient had a fall. This test did not necessarily correlate to the patient's pneumonia or sepsis.</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)-2 Rationale provided for the use of each medication (3)-3 Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3 	<p>Total Points: 8 Comments: You did a nice job correlating the patient's current diagnosis with the related medications. You would have also wanted to include the additional IV antibiotic that was ordered- cefepime.</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)-2 Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2 	<p>Total Points: 4 Comments: Great job!</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)-5 	<p>Total Points: 5 Comments: Overall, you did a nice job with your nursing interventions. Some other interventions that would have been important to include would be a full head to toe assessment, wound assessment, wound dressing changes, IV assessment, cough and deep breathing, and an intervention for continuous oxygen delivery via nasal cannula.</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)-2 Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-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)-2 	<p>Total Points: 6 Comments: Excellent job!</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p>	<p>Total Points: 58/65 Comments: Satisfactory pathophysiology. Excellent job! BL</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>	
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Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2024
Simulation Evaluations

<u>vSim Evaluation</u>								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 2/16/2024	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

Firelands Regional Medical Center School of Nursing
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	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 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

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 handoff report activity. BL/BS

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

**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