

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

Comments:

Week 2 (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Preceptor comments: “Excellent in all areas. Saw 2 stress tests (GXT) and cardiac cath. She was very engaged and asked very insightful and probing questions! Emily is one of the most engaging students I have ever had!!” (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 3 (1c)- Satisfactory Infusion Center clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas”. Student asked questions, witnessed blood admin., IVIG, bi nephron tube dressings”. Great job! AR

Week 4 (1b,c,f)- Satisfactory Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. IV attempts, HD cath insertion, coronary cardiac CTA, paracentesis. Nice job.” Keep up the great work! AR

Week 5(1a,b,c,e,g) Good job this week managing complex patient care situations. Your head to toe assessments were thorough, interventions were implemented based on findings, and you were able to evaluate your patient’s response to those interventions. All six rights of medication administration were followed during all medication passes. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

Week 6-1(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 following the six rights. Great job monitoring your patient closely to ensure positive patient outcomes. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S													
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	S	S													
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S													
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	S	S													
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S													
Faculty Initials	AR	AR	AR	CB	BL													

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

Comments:

Week 5(2e): You did a great job participating in debriefing discussing cultural diversity and racial inequalities that were related to your patient. CB

Week 6-2(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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 3 (3c)- Satisfactory discussion via CDG posting for Infusion Center clinical. Keep up the great work! AR

Week 4 (3b)- Satisfactory during Quality/Core Measures observation experience and with discussion via CDG posting. Keep up the great work! AR

Week 5(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 6-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

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

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

Comments:

DH Legal/Ethical: An example of a legal or ethical challenge was when we had to start an IV on a patient who came in with wrist and ankle cuffs from prison. The patient was followed in by a police officer and came to the hospital for a procedure. This was an ethical issue I observed because the patient had to be taken out of their orange jumpsuit and handcuffs before we could start an IV on them. A police officer was also monitoring the patient while we were starting the IV on them. **Great example. AR**

CD Legal/Ethical: An example of a legal or ethical challenge I observed during my cardiac diagnostics clinical was when a patient came in for a stress test and couldn't meet the requirements for their work guidelines. The nurse had to have a conversation with the patient that they would have to lose weight and redo their stress test. They also had a conversation about having to receive medical counseling for weight loss to meet their workplace health requirements. **AR**

IC Legal and Ethical: An example of a legal or ethical challenge I observed during my infusion center clinical was when the preceptor and I were working with a patient who was on lifelong treatment. They had a chronic illness and the preceptor explained to me that the patient must spend a great amount of time in the facility receiving treatment just to be able to live on their own at home or just to function normally. They explained to me that the patient was willing to give up a chunk of their life to prevent losing their ability to function. The treatment was uncomfortable for the patient, but it brought me comfort knowing that the patient was able to live out their life on their terms and independently. **Perfect example. AR**

QC Legal and Ethical: An example of a legal or ethical challenge I saw during my quality assurance clinical was the explanation of false documentation. The director explained that if documentation doesn't follow according to the facility's policies or corners are cut with falsifying documentation, there could be a liability against you as a nurse, and your license. It was explained to us that patients can sue, and this should be taken into consideration with proper documentation if you must testify in court. **Great example! AR**

SP Legal and Ethical: An example of a legal or ethical challenge that I saw during my special procedures clinical was a patient who was becoming combative due to their inability to manage pain with their existing fistula. The nurses were attempting to start an IV on the patient, causing them more pain. This to me is an ethical dilemma of nonmaleficence, providing care without harm for a positive outcome. **This is a very difficult situation. Thanks for sharing. AR**

*End-of- Program Student Learning Outcomes

4T Week One Legal and Ethical: An example of a legal or ethical challenge that I saw during my first week in the ICU is that our critically ill patient had multiple medicinal therapies and interventions to help them maintain homeostasis in their compromised state, and they didn't have health insurance. To me, this was a big deal because it reminded me as a student to always be cognizant of charging my patients the resources that were utilized. They were also going through withdrawal, so not having health insurance on that journey would make it more difficult. **Great thought. This could become an issue if care was not being provided due to the fact the patient had no insurance. CB**

4P Week Two Legal and Ethical: An example of a legal or ethical challenge that I experienced during my second week on a critical care unit is when my patient had an extensive history of health issues, and they had no friends or family to come and be next to them during their hospital stay. They did express to me that they wished they had more family near to be with them because of the emergent health situation they had gone through two days prior had scared them. This reminded me to be grateful for the family that I have with me now. **Great thought, Emily. It would be in the best interest of the patient to establish a POA. There could be many ethical issues that arise if she is ever unable to make decisions on her own behalf. BL**

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

Comments:

NI: I believe my overall rating for this week should be rated at an NI due to my lack of accountability as a student to prepare properly for clinical. I didn't read the instructions previously to my QC clinical, causing interruptions for the clinical instructor. To further prevent this, I will set a reminder on my phone to look over clinical instructions the day before. **Thank you for taking the responsibility to do this. AR**

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 5(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. You were also able to discuss actions you took to create a culture of safety in your CDG. CB

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													
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)	NA	NA	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	S	S													
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	NA S	S													
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S													
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S NI	S													
Faculty Initials	AR	AR	AR	CB	BL													

Comments:

Week 2 (6f)- Satisfactory CDG posting regarding your Cardiac Diagnostics clinical experience. Keep up the great work! AR

Week 3 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 4 (6f)- Satisfactory with both discussion group postings related to your Special Procedures and Quality/Core Measures experiences. Keep up the great work! AR

Week 5(a,c,d,e,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very detailed and completed on time. I changed competency 6d to a "S" because you reported to the bedside frequently. Your CDG was rated as "NI" due to not following the directions regarding the EBP article. CB

NI: I acknowledge and take responsibility for my misreading of CDG rules and requirements. To prevent this from happening again, I will slow down and give myself more time to understand what the question is asking of me in order to answer it appropriately. BL

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 4 (7a)- Satisfactory CDG posting related to your Quality/Core Measures observation. Great job! AR

Week 5(7a,b) You researched and summarized an interesting EBP article in your CDG titled "Pharmacological options for treating delirium in critically ill adults." Nice job! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** 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:		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:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<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:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

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	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech 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! LB/BS

*End-of- Program Student Learning Outcomes

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

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

Student Name: Emily Litz

Clinical Date: 2/13/24-2/14/24

<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)-6 	<p>Total Points: 6 Comments: Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis (Atrial Fibrillation).</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)-2 	<p>Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with all her presenting 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)-3 • 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: 12 Comments: Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's 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)-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>Total Points: 12 Comments: All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.</p>
<p>6. Correlate the patient's current diagnosis with all related</p>	<p>Total Points: 9</p>

<p>medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3)-3 • 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>Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</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)-6 	<p>Total Points: 6 Comments: Excellent job with your nursing interventions. One other important intervention that you would have wanted to include would be to monitor the patient's ECG rhythm.</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: Great job!</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 Comments: Satisfactory pathophysiology. All components were very detailed and thoroughly completed. Excellent job! BL</p>

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

* Course Objectives

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

*End-of- Program Student Learning Outcomes