

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	N/A	N/A												
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	N/A	N/A	N/A												
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	N/A	N/A	N/A												
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	N/A	N/A S	N/A												
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	N/A	N/A	N/A												
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	N/A	N/A	N/A												
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	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	N/A	N/A												
Faculty Initials	FB	FB	FB	AR	AR													
Clinical Location	PM 3T	PM 4N	PM 3T	N/A	PD/ Scavenger hunt	N/A												

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1f) Make sure you are self-rating on actual skills performed the corresponding week. FB

Week 3 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

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

*End-of- Program Student Learning Outcomes

Week 6 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Melinda was engaged in clinical, asks great questions and spoke well with patients.” Great job! AR

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

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

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d) This competency was changed to a "S" because you are carrying out a plan of care through the implementation of interventions performed on the patient you are assigned. You are also applying the knowledge gained through your theory studies to utilize your clinical judgement skills as you deliver care at the bedside. FB

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

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

Week 3 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 6 (3b,c)- Satisfactory during Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	S	N/A												
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	N/A	N/A												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	N/A	S	N/A												
Faculty Initials	FB	FB	FB	AR	AR													

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

Comments:

Week 2 A: An ethical observation that I made in clinical would be a patient having an IV disconnected while they were sleeping sometime and having to start another IV on him with a possibility of him going home. This is an ethical dilemma because he did not have any IV push medications or IV boluses that needed ran and his health had improved, he was just waiting for the Dr. to see him and let him know if he could go home or not. He was also DNR CCA without intubation so there would have been little need for an IV insertion. But on the other hand, the Dr. hadn't cleared him just yet to go home and could have ordered IV push or boluses for him still. It would be wise to start an IV on him during some downtime as well instead of waiting to see if the Dr. sends him home or ends up ordering more medications. If we waited the Dr. might order fluids STAT and it might take longer for him to receive the medications.

Week 2 (4a) Great discussion, the best option would be to see if the physician was going to discharge the patient. If the patient was not discharged a new IV would need to be started. If the patient were to code without an IV in place, it is a lot harder to get access on the patient. This might delay lifesaving medications. This is an opportunity for great clinical judgement skills. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3 A: An ethical observation that I observed this week during clinical was that I had a patient who was type 2 diabetic, had an ongoing diabetic foot ulcer and had a gangrenous second toe. She was presented with either saving the toe and fighting the infection through antibiotics and risking the infection getting worse or just cutting the toe off. When I went in to hand a bag of lactated ringers, she was asking me what I would do if I was in her situation. I knew that this would be a good time to explore her feelings about fears she had regarding losing her toe and possible complications or improvements that could happen for both routes. This was tough because it is important not to give my opinion because I don't want her to feel pressured to decide simply because a medical personal would choose one over the other. But rather sat with her and listened to her fears and express her concerns and just made sure that she was educated in the possible outcomes for both. Such as if she decided to remove the toe, she might still have to take antibiotics for a while after surgery as well as physical therapy because it has the possibility to affect her balance depending on how deep/much of tissue passed the toe they needed to remove.

*End-of- Program Student Learning Outcomes

Week 3 (4a) You are correct, sometimes questions like these are difficult. The best thing to do is listen and educate, which it sounds like you did. Great job handling a difficult conversation with a patient. FB

Week 4 A: An ethical observation that I observed in clinical this week would be a patient that I had who came in with septic arthritis and was complaining of pain a 7/10 that would not improve. She was given Morphine sulfate IV and Oxycodone/acetaminophen PO rotating every 4 hours/PRN, as well as ice on the right knee for comfort and eliminating environmental stimuli. After administering the pain medication, either morphine or oxycodone I would walk in an hour after for reassessment of the pain and she would be sleeping. However as soon as she was able to have pain medication again she would complain of pain 7/10 and no improvement. She wasn't giving any signs indicating she was in pain and when walking in she often seemed relaxed or she was sleeping. However, since pain is subjective it is hard to tell whether she truly was in pain or just seeking pain medication. She could have a high pain tolerance and was able to manage the pain but as the medication wore off, it could have been more excruciating for her.

Week 4 (4a) Pain is subjective, and it is very difficult to assess at times. The pain medication might be helping her rest and sleep that is why she doesn't show any outward signs of pain. That is the objective of giving the medication. There are concerns of addictive behavior and as healthcare professionals we are programmed to watch for those signs. Remember to try and be nonjudgmental especially when it comes to assessing pain in all individuals. This can be difficult at times or in certain situations. FB

Week 6 A: An ethical observation that I observed while on clinical this week would be patient advocacy received a voicemail from a family member of patient who was upset that their loved one's complaints weren't being addressed and rather be dismissed by staff. This patient stated they were having tremors and were struggling to hold things such as their water without spilling it all over themselves. They do have a history of smoking as well as anxiety. A nicotine patch as well as Xanax was administered to the patient to help them sleep and "ease" their anxiety, however in the morning they were still worried about the care they were receiving. Once we had gone down and talked with the patient, they stated that the nurse outright asked them if they were an alcoholic or if they drank a lot of alcohol. The patients stated they understand that if we must ask certain questions as protocol but felt that it could have been worded differently, that they felt more like they were being accused rather than trying to figure out what the issue was. Once the doctor came in and talked with them, he seemed to care and wanted to investigate the matter further. It also was communicated that the patient drinks around a pot of coffee every day and hasn't had any since she has arrived at the hospital. Since the patient has had their coffee, the tremors have lessened. Ultimately the ethical dilemma is how you should go about asking the patient if they have a drink daily or what other possible daily lifestyle choices, they have that could be causing this problem, instead of jumping and being accusatory. Excellent example and proof of how important effective communication is! The tone of voice and the way words are spoken are vital! AR

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

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Satisfactory in all areas, except excellent in Provider of Care: Demonstrates prior knowledge of departmental/nursing responsibilities. Student goals: “Being more organized and clustering patient care when in their room and not going in and out several times.” No additional Preceptor comments were noted. NM/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: No student goals were provided, make sure to provide a goal for each next experience. Additional Preceptor comments: “Overall you did a great job. You are going to be a great nurse. A natural caregiver.” AT/FB
Reported on by assigned RN during clinical rotation 1/24/2024– Excellent in all areas. Student goals: “Cluster care.” No additional preceptor comments. DS/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation 1/30/2024 –Excellent in all areas except delegation. Student goals: “Review orders and review afternoon meds.” Additional Preceptor comments: “Melinda did a great job with her 4 patient load. She was kind and followed proper protocol for her care.” MM/FB
Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas, except satisfactory in delegation. Student goals: “time to review physician procedures/diagnostic notes as well as lab values.” Additional Preceptor comments: “Melinda is very kind and thorough. She explains all meds and procedures confidently to her patients. She is willing to assist in any task. She asks appropriate questions, will be a wonderful nurse.” SS/FB

*End-of- Program Student Learning Outcomes

Objective																		
6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	S	N/A												
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	N/A	N/A												
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	N/A	S	N/A												
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	N/A	N/A	N/A												
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	N/A	N/A	N/A												
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	N/A	S	N/A												
Faculty Initials	FB	FB	FB	AR	AR													

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. (6f) Make sure to place discussion question under the correct instructor for review. FB

Week 3 (6d) Great job with effective and accurate hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. No additional RN comments. DS/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Week 6 (6c,f)- Satisfactory CDG postings and discussions related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	S	N/A												
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	N/A	S	N/A												
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	N/A	S	N/A												
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	N/A	S	N/A												
Faculty Initials	FB	FB	FB	AR	AR													

Comments:

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: Faculty/Teaching Assistant Initials:

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

Student Name:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • 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)	Total Points: Comments:
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • 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)	Total Points: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • 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)	Total Points: Comments:
6. Correlate the patient's current diagnosis with all related medications. (9 points total)	Total Points: Comments:

• All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	Total Points: Comments:
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	Total Points: Comments:
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • 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)	Total Points: Comments:
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory 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)* Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	Total Points: Comments:

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2024

*End-of- Program Student Learning Outcomes

Simulation Evaluations

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

* Course Objectives

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool

*End-of- Program Student Learning Outcomes

AMSN

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	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

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

*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

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