

**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	S	S												
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
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	S	S												
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	N/A	S	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 NA	N/A	N/A	N/A	S	S												
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	N/A	N/A												
Faculty Initials	CB	CB	BL	AR	AR													
Clinical Location	4C	4C	4P	QC	CD IS	SP												

Comments:

Week 2(1a,b,d,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient’s response to those interventions. You were able to administer medications with the bedside RN using the six rights of medication administration and utilized the BMV system. You were able to shadow the bedside nurse during the administration of blood and blood products. You did a great job responding to different alarms related to your patient’s condition. CB

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, IV push, SQ, and PO via an OG), following the six rights of medication administration. Great job in the completion of your ECG booklet, you were able to measure and identify cardiac rhythm strips with assistance, asking appropriate questions. Great job! CB

Week 4-1(a-e, g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You were able to observe your patient have a heart catheterization, and you satisfactorily completed your ECG booklet. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. BL

Week 6 (1b,c,f)- Satisfactory during Cardiac Diagnostics and Infusion Center clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Saw 2 CVNS and a stress. Asked insightful questions and was very engaged.”; Infusion Center- “Excellent in all areas. Student was able to start multiple IVs, ports, draw labs from port/PICC. Saw blood and IVIG given and primed lines.” Keep up the great work! 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	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	S	S												
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	N/A	S	S												
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	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	S	S												
Faculty Initials	CB	CB	BL	AR	AR													

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

Comments:

Week 2(2a,b,d,e): Great job this week formulating a care map related to your patient. You were able to notice abnormal assessment findings to interpret your patient’s priority problem, and recognize potential complications related to that problem. You were Satisfactory on your care map, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 3(2a,e): Roni, great job completing your pathophysiology, you were Satisfactory, please see the grading rubric below. You do a great job respecting your patients and family’s needs, ensuring that optimal care is provided around their needs. CB

Week 4-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

*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)*

*End-of- Program Student Learning Outcomes

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 4-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR

Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. AR

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	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	S	S												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S												
Faculty Initials	CB	CB	BL	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: The largest ethical dilemma was the obvious case between the intubated patient and the patient’s brother. Although he was not my patient, I was able to observe at a distance the ethical issues that were taking place. The patient had previously made his own decision to become a patient at Stein Hospice and discontinue his dialysis treatments. He was living at a nursing home when his brother showed up after an extended time away and found out about his new code status and condition. The patient was admitted to the hospital and his code status was changed by his brother when he was not alert and oriented. His previous decision that he made for himself was then revoked and he eventually agreed with his brother to be intubated.

Week 2(4a): Unfortunately, these types of situations happen often, that is why it is very important to advocate for your patient’s wishes. It is also very important that education is provided to the patient and family members regarding POA, living wills, and code status. CB

*End-of- Program Student Learning Outcomes

Week 3: The only issue I really saw this week was one that occurs frequently on nursing floors. After the nurse for our room was notified that we had her patient, she pulled the medications for the morning and put them by the computer in the room. Although the patient was restrained and ventilated, the medications were sitting on the desk unattended and unlocked until we administered them some time later. These actions were repeated later when she received new orders for alteplase for an occluded catheter. **This is a great example! You will find that nurses do this to save time, but does it really? Also, like you mentioned they were just lying on the counter, the bedside nurse could have made the extra attempt to put them in the locked cabinet in the patient's room. CB**

Week 4: This week I had the opportunity to watch a heart catheterization on my patient who was admitted with chest pain. During the set up for the procedure, the technician was setting up the sterile field for the doctor to perform the procedure. The technician was attempting to quickly set up the space, but in the process was breaking sterile field multiple times. After the procedure, a nurse assisted the technician with getting the patient ready for transport. The nurse was getting a new bag of fluids ready to hang for the patient and had the capped spike in her mouth to hold while she opened the tubing and picked up trash around the room. She eventually took the cap off the spike and left it in her mouth as she spiked the bag and then hung the fluids for the patient's postoperative care. **Roni, I'm disappointed to read that you witnessed these actions. As healthcare workers, it is our ethical duty to do no harm to patients. The actions you witnessed could have indirectly led to patient harm in a number of different ways. BL**

Week 5: This week, I did not directly see any ethical or legal practices, but I did discuss them while in the Quality Assurance and Core Measures clinical. We were discussing the importance of accurate charting and what happens when a patient decides to take legal action against the hospital or nursing staff. The process is lengthy and can take a couple of years to get to trial. In this time frame, it is easy for the nurse to forget who the patient is, which is why it is extremely important to accurately document. When on trial, the nurse only has their charting to rely on as to what care they performed on the patient. The example that was given was the a nurse who charted an IV assessment. They charted at 0800 that the IV was patent, flushed, and the dressing was changed. At 1000, the nurse charted again that the IV was patent, flushed, and the dressing was changed. Every documentation under IV assessment was the same due to the nurse dragging and dropping the same documentation every two hours without ensuring that the information was correct, and the actions were actually performed. This could make the rest of the nurse's charting seem untrustworthy and she could overlook something in the care of the patient. **This is a great example and yet another reason why copying/pasting documentation should never be done! AR**

Week 6: This week I was able to witness a cardioversion on a 77-year-old male. This patient has had multiple cardioversions due to frequently switching from sinus rhythm into atrial fibrillation. Even though the patient is on metoprolol, his heart rate was still 117 during his admission assessment. The patient has had frequent problems related to his atrial fibrillation, the most recent being his lower extremity edema. During the cardioversion, the doctor had to take all three attempts and move the electrode patches for the cardioversion to be effective. After the patient regained consciousness, the doctor had a serious conversation with him and his daughter. He explained the severity of him needing to be shocked all three times and needing to investigate other interventions to fix his atrial fibrillation. His daughter explained that the doctor they were referred to refused to do the ablation that they were originally wanting. The doctor urged them to get a second opinion in Cleveland with doctors who were more experienced with the procedure. The daughter stated they wanted to stay in the area, but also were not sure if they wanted to get a pacemaker. This leaves the patient with very few options left and with the possibility that the cardioversion will not be a viable option for him for much longer. **Very good example and definitely has some ethical concerns. AR**

Week 7: I was able to observe a kidney biopsy in CT this week in special procedures. Unfortunately, the patient does not speak English as his first language and only knew a couple phrases. The patient was 24 years old, originally from Peru, and spoke Spanish. He was admitted due to AKI, fluid overload, and hematuria while working at Kalahari. The only thing the patient reported taking was an unknown vitamin. For this procedure, the doctor had to use the translator to get consent and explain what he would be doing. The patient would be required to hold his breath to prevent the kidney from moving with respirations while a hollow needle was inserted for biopsy. The translator itself was useful, however, it was so quiet that the patient and doctor struggled to hear the interpreter through the tablet. The interpreter was also struggling to hear the patient to be able to interpret what he was saying to the doctor. When we returned the patient back to his room on the floor, the nurse stated that they never use the translator and it is only used by the doctors. It made me worried about how much of his care he is understanding or is being explained to him. The translator is definitely a necessary tool, but the implementation of it still seems like it needs reworking.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S												
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	S	S												
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	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	S												
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	N/A	S	S												
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	N/A	S	S												
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	S												
Faculty Initials	CB	CB	BL	AR	AR													

Comments:

*End-of- Program Student Learning Outcomes

Week 2(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. CB

Week 3(5a): Roni, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

Week 4-5(b,c) Roni, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S												
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	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	S												
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	S	S	S												

*End-of- Program Student Learning Outcomes

Faculty Initials	CB	CB	BL	AR	AR													
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Comments:

Week 2(6a,c): Roni, great job this week collaborating with the bedside RN that was caring for your patient. You did a great job communicating all changes, and documenting all interventions performed due to those changes. CB

Week 3(6a,b,c,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. Your CDG was Satisfactory, meeting all requirements. CB

Week 4-6(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 5 (6f)- Satisfactory CDG posting related to your observation experience this week. Keep it up! AR

Week 6 (6c,f)- Satisfactory discussions related to your Cardiac Diagnostics and Infusion Center clinical experience. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S												
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	S	S	S												
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	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	S												
Faculty Initials	CB	CB	BL	AR	AR													

Comments:

Week 3(7d)- Great job displaying a commitment to provide optimal care and enthusiasm for the caring of individuals at very vulnerable and often difficult times. CB

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Aseptic Technique and Perioperative I.V. Medication Administration." Excellent job! BL

Week 5 (7a)- Satisfactory with CDG posting related to your observational experience this week. AR

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	FB	CB/BS	BL	AR	FB/BL/ CB/BS	AR	FB/CB	BL/BS	BL/BS	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BL/CB/BS

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. FB

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

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

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/16-17/2024	Bleeding	S/CB	NA

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: Veronica Brown			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: 1/16-17/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors, the only suggestion I would have is to highlight the heartrate, bruising, and SpO2. You listed potential complications related to your priority problem and s/sx.
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with specific, prioritized, individualized

*End-of- Program Student Learning Outcomes

pondering	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	interventions for your patient that included a frequency and rationale. The only suggestion I have for this would be to include an intervention to change the central line dressing every 7 days, and I would assess the IV/RIJ q2 hours.
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	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	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points: 42/42</p> <p>Faculty/Teaching Assistant Initials: CB</p>	

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

Student Name: Veronica Brown

Clinical Date: 1/23-24/2024

<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 discussing 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! Pathophysiology is detailed and accurate.</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: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.</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, Roni! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's 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 	<p>Total Points: 12 Comments: All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.</p>

<ul style="list-style-type: none"> • 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>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)-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>Total Points: 9 Comments: Great job including all medications, all information is detailed and accurate.</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 correlating the patient's past medical history with current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6)-6 	<p>Total Points: 6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</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 identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient. The only suggestion I have is including therapies (PT/OT/ST), the diabetic educator, and wound.</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)* 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>Total Points: 65/65 Comments: Excellent job, Roni! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

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

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