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

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

**Student:** Elaynah Noftz

**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:**<br>a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| c. Evaluate patient's response to nursing interventions. **(Reflecting)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)** | N/A | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| e. Administer medications observing the six rights of medication administration. **(Responding)** | S | n/a | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)** | N/A | n/a | S | ~~S~~ NA | n/a | n/a | n/a | n/a | **S** | | | | | | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| **Faculty Initials** | **AR** | **AR** | **AR** | **BS** | **BS** | **BL** | **BL** | **BL** | **BL** | | | | | | | | | |
| Clinical Location | Infusion Center | Cardiac Diagnostics | Special Procedures | ICU 4C | ICU 4C | 4P | No Clinical | No make up clinical | | | | | | | | | | |

**Comments:**

Week 2 (1c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Preceptor comments: "Excellent in all areas. Elaynah successfully started 2 patients peripheral IVs. Saw blood given to pt. Primed multiple IV lines. Witnessed multiple different wound dressing changes". Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 3 (1b)- Satisfactory in Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Elaynah saw the device clinic, a cardioversion and a tilt table test”. 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 starts with some success. She was able to watch an angiogram and a pericardiocentesis”. Great job! Keep up the good work. AR
Week 2- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered (PEG, SQ, IVP, IV) while observing the rights of medication administration. BS
Week 6- 1a,b- Great job this week managing and responding to complex patient care situations. There was definitely a lot to monitor for your patient and you, along with your partner, did a great job. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, IVP, and SQ. BS

Week 7-1(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 administered PO, IVP and SQ medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patients very closely to ensure positive patient outcomes. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

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

**Comments:**

Week 5- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient's condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. Please see pathophysiology rubric below for feedback. BS

Week 6- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate a prioritized care map related to your patient's identified priority problem. 2e- During debriefing, you did a nice job discussing social determinants of health that could have an impact on your patient's health, well-being, and quality of life. BS

*End-of- Program Student Learning Outcomes

Week 7-2(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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

**Comments:**
Week 2 (3c)- Satisfactory discussion via CDG posting related to Infusion Center clinical experience. AR

Week 4 (3b)- Satisfactory during your Quality/Core Measures observation and with CDG posting. Great job! AR
Week 5- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS
Week 6- 3a- You did a nice job discussing communication barriers during debriefing this week. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. BS

Week 7-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

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:**<br>a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| **Faculty Initials** | **AR** | **AR** | **AR** | **BS** | **BS** | **BL** | **BL** | **BL** | **BL** | | | | | | | | | |

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

**Comments:**

WEEK ~~1~~ 2: One example of legal/ethical issues I noticed in the infusion center is that there are several people who need in to get infusions that they absolutely need, however if their insurance does not sign off that they will cover the medication that the patient needs to receive, they are unable to put them on their list. I thought this was both an ethical and legal issue because someone might need this infusion greatly for their health, however the nurses are not allowed to accept any person without that agreement form. So sad that this happens in our country. AR

*End-of- Program Student Learning Outcomes

Week 3: One example of an ethical issue observed during my cardiac diagnostic clinical was lack of access to available resources. There was a young mother who has been experiencing syncope/ POTS like episodes and because of lack of resources to childcare and time for an appointment, she had been putting off these episodes. When she came, we did a Tilt Table Test and she ended up being positive for neurocognogentive syncope. Lack of resources and help left this mom unsure of her health status for an extended period of time. Great example. Thank you. AR

Week 4: An example of an ethical/legal issue that I noticed during my clinical on special procedures is that there are several patients with pacemakers that need an MRI. If the patients is not stable without their pacemaker, then the nurses may refuse the MRI because it is unsafe for that pacemaker to be turned off for the procedure. I felt as though this could be an ethical issue because the patient may greatly benefit or need information from the MRI and they might not be able to get that when they are needing it due to the pacemaker. This is a great example. I assume that the patient's cardiologist would be contacted for the final approval. AR

Week 5: One example of an ethical/legal issue I witnessed during my ICU clinical is that a family member may be present with a patient and wanting to make decisions upon their behalf for their loved one although they are not the POA. It is very important to make sure that we are always aware of who the POA is and to never made any medical decisions based on other family members wishes. Although it may be difficult to see someone passionately advocate for their loved one, the POA was put in place for a reason and they are there to made the medical decisions regarding end of life wishes. Good points, Elaynah. Things get difficult when family members have differing opinions, especially with end-of-life decisions. BS

Week 6: An ethical issue I witnessed this week on clinical was that my patients husband stated that she had a living will that stated she did not want these measures taken however, the son is the POA and said that he wanted all measures to be taken. If the son continues to refuse to make further decisions regarding his mother's care, they may need to get the ethics committee involved to evaluate the quality of life and preference of the husband or obtain access to the patients will. This is a great example, Elaynah. When we aren't directly involved in decisions like this they seem cut and dry. For the family members, however, these are very difficult and emotional times. With the added stress and the emotional toll this situation takes, people are left with a very difficult decision. BS

Week 7: An ethical issue I witnessed with my patient on 4P was that if a patient in alert and oriented, it is our job to make sure that we are taking our assessment entirely from the patient, not the family members. My patient's daughter wanted her to receive more oxycodone for pain, however when I would ask the patient, she would tell me that she was not in any pain. My neurological assessment led me to believe that my patient was competent enough to let me know if her pain was severe enough to require pain medications. Although the daughter wanted these medications given it is important to follow policies and orders in place to protect our patients. Great job, Elaynah. Yes, the patient was fully able to make decisions for herself. It is our job as the nurse to advocate for the patient and make sure her voice is heard. Many times, it felt as if the daughter was forcing treatment/medications on the patient that she didn't want. BL

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

**Comments:**

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

Week 5- 5a- Good performance in the clinical setting this week. 5b- This week you were able to do a line draw and provide post-mortem care to a patient. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

*End-of- Program Student Learning Outcomes

Week 6- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness both an intubation and an extubation. BS

Week 7-5(b,c) Elaynah, 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

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:** a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)** | S | S | S | S | S | S | n/a | n/a | **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 | n/a | n/a | **S** | | | | | | | | | |
| d. Deliver effective and concise hand-off reports. **(Responding)** | N/A | N/A | N/A | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)** | N/A | N/A | N/A | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| **Faculty Initials** | **AR** | **AR** | **AR** | **BS** | **BS** | **BL** | **BL** | **BL** | **BL** | | | | | | | | | |

**Comments:**

Week 2 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the great work! AR
Week 3 (6f)- Satisfactory CDG posting/discussion related to your Cardiac Diagnostics clinical. Keep it up! AR

*End-of- Program Student Learning Outcomes

Week 4 (6f)- Satisfactory CDG postings related to your Special Procedures and Quality/Core Measures experiences this week. Great job! AR
Week 6- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. BS
Week 6- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your care map this week. BS

Week 7-6(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:** a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)** | S | S | S | S | S | S | n/a | n/a | **S** | | | | | | | | | |
| c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)** | S | S | S | S | S | S | n/a | n/a | **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 | n/a | n/a | **S** | | | | | | | | | |
| **Faculty Initials** | **AR** | **AR** | **AR** | **BS** | **BS** | **BL** | **BL** | **BL** | **BL** | | | | | | | | | |

**Comments:**
Week 4 (7a)- Satisfactory CDG posting related to your Quality/Core Measures observation. AR
Week 5- 7d- ACE attitude displayed at all times on the clinical floor. BS

*End-of- Program Student Learning Outcomes

Week 6- 7d- Great attitude displayed during clinical this week. Keep it up, Elaynah! BS

Week 7-7(a,b) You researched and summarized an interesting EBP article in your CDG titled “Evidence-Based Updates to the 2021 Surviving Sepsis Campaign Guidelines Part 2: Guideline Review and Clinical Application.” Excellent job! 7(d) You consistently demonstrate all the qualities of “ACE.” Keep up all your hard work. You will be an excellent RN! BL

| Date | Nursing Priority Problem | Evaluation & Instructor Initials | Remediation & Instructor Initials |
|---|---|---|---|
| 2/23-2/14/2024 | Infectious Process | Satisfactory BS | NA BS |

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN
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:** E. Noftz<br>**Date or Clinical Week:** Week 6 | | | | **Course Objective:** | Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. | | |
| **Criteria** | | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
| **Noticing** | 1.Identify all abnormal assessment findings (subjective and objective); include specific patient data. | **(lists at least 7*) *provides explanation if < 7** | **(lists 5-6)** | **(lists 5-7 but no specific patient data included)** | **(lists < 5 or gives no explanation)** | 3 | Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors. |
| | 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 | Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included. |
| | 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 | |

*End-of- Program Student Learning Outcomes

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 7. Identify signs and symptoms to monitor for each complication. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3 | |
| **Responding** | 8. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | Great job with interventions! I might prioritize these a little differently, but your patient had multiple problems occurring at the same time, which makes prioritization somewhat difficult. |
| | 9. Interventions are prioritized | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |
| | 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 | Nice work on your evaluation also. All highlighted assessment findings properly reevaluated. |
| | 14. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3 | |

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:** **Nicely done, great job on your care map, Elaynah! BS**

**Total Points:** **42/42 Satisfactory.**

**Faculty/Teaching Assistant Initials:** BS

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2024

*End-of- Program Student Learning Outcomes

| **Skills Lab Competency Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**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

**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: E. Noftz** **Clinical Date: 2/6-2/7/2024**

| | |
|---|---|
| **1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)**<br>• Current Diagnosis (2)<br>• Past Medical History (2) | **Total Points: 4**<br>**Comments: Nice job describing your patient's current diagnosis and past medical history.** |
| **2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)**<br>• Pathophysiology-what is happening in the body at the cellular level (6) | **Total Points: 6**<br>**Comments: Great job discussing the pathophysiology of your patient's disease process.** |
| **3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)**<br>• All patient's signs and symptoms included (2)<br>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)<br>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | **Total Points: 6**<br>**Comments: Nice work making correlations between your patient's signs and symptoms and his current diagnosis. Unfortunately, the lingering effects from his stroke will make his recovery much more difficult.** |
| **4. Correlate the patient's current diagnosis with all related labs. (12 points total)**<br>• All patient's relevant lab result values included (3)<br>• Rationale provided for each lab test performed (3)<br>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)<br>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) | **Total Points: 12**<br>**Comments: Great job making correlations between your patient's diagnoses and all related laboratory results.** |
| **5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)**<br>• All patient's relevant diagnostic tests and results included (3)<br>• Rationale provided for each diagnostic test performed (3)<br>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)<br>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | **Total Points: 12**<br>**Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.** |
| **6. Correlate the patient's current diagnosis with all related medications. (9 points total)**<br>• All related medications included (3) | **Total Points: 9**<br>**Comments: Very good job making the connections between the medications your patient was receiving** |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| • Rationale provided for the use of each medication (3)<br>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | **and their role(s) in treating his condition.** |
| **7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)**<br>• All pertinent past medical history included (2)<br>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | **Total Points: 4**<br>**Comments: Nice work correlating your patient's current diagnosis with his past medical history.** |
| **8. Prioritize nursing interventions related to current diagnosis. (6 points total)**<br>• All nursing interventions provided for patient prioritized and rationales provided (6) | **Total Points: 4**<br>**Comments: Nice job providing a prioritized list of nursing interventions with rationales. I would suggest additional interventions related to his tube feeding and PEG tube management.** |
| **9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)**<br>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)<br>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)<br>• 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: 6**<br>**Comments: Good discussion of the interdisciplinary team members and their roles in your patient's care.** |
| Total possible points = 65<br>51-65 = Satisfactory<br>33-50 = Needs improvement<br><32 = Unsatisfactory<br><br>**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)*<br><br>**Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)<br><br>*End-of-Program Student Learning Outcomes | **Total Points: 63/65 Satisfactory**<br>**Comments: Nice work, Elaynah! BS** |

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

| **vSim Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**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 | S | S | | | | | |
| Faculty Initials | BS | BL | BL | | | | | |
| **Remediation: Date/Evaluation/ Initials** | NA | NA | NA | | | | | |

* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Emily Litz, Elaynah Noftz, Taylor Whitworth, Shyanne Phillips
GROUP #: 6
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/27/2024 1000-1200

| CLINICAL JUDGMENT COMPONENTS | | | | | OBSERVATION NOTES |
|---|---|---|---|---|---|
| **NOTICING: (1,2)*** | | | | | Noticed patient heartrate of 47. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 89% on room air. Noticed patient's complaints of being "weak and tired".<br><br>Noticed patient has a cough. Noticed patient's heartrate of 146. Noticed patient's low blood pressure 94/54. Noticed patient's low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus.<br><br>Noticed patient not responding to introduction. Noticed patient's heartrate on the monitor is 0. |
| • Focused Observation: | E | A | D | B | |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | |
| • Information Seeking: | E | A | D | B | |
| **INTERPRETING: (1,2)*** | | | | | Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Prioritized need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP.<br><br>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease heart rate. Interprets diltiazem dose at 25mg IV bolus to be given over 10 minutes, then diltiazem continuous drip at 10mg/hr. Interprets patient's complaints of shortness of breath is due to fluid bolus. Interprets patient's lung sounds as crackles.<br><br>Interprets EKG rhythm as ventricular tachycardia. Interprets patient is without pulse. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes. |
| • Prioritizing Data: | E | A | D | B | |
| • Making Sense of Data: | E | A | D | B | |
| **RESPONDING: (1,2,3,5,6,7)*** | | | | | Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Obtains vital signs 99.4-47-16-106/64. SpO2 89%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a cardiovascular assessment (including cardiovascular history, medications, code status). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "weak/tired". Atropine 1mg IV push given- reassessed vital signs. Notified healthcare provider of patient's heart rate still being decreased after medication administration and change in EKG rhythms.<br><br>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Applied 2L O2 per nasal cannula and raised head of bed. Notified healthcare provider of patient's heartrate, EKG rhythm, and complaints of "there is a horse in my chest that is going to gallop out". Administered |
| • Calm, Confident Manner: | E | A | D | B | |
| • Clear Communication: | E | A | D | B | |
| • Well-Planned Intervention/ Flexibility: | E | A | D | B | |
| • Being Skillful: | | E | A | D | |
| B | | | | | |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| | diltiazem 25mg IV bolus and then diltiazem 10mg/hr continuous drip for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Administered Normal Saline 0.09% 500mL bolus for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 4L per nasal cannula. Notified healthcare provider of patient with signs and symptoms of fluid overload.<br><br>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Called a code blue. Begins CPR. Applied fast patches to patient, defibrillates patient. Administered Epinephrine 1mg IV push. |
| **REFLECTING: (1,2,5)***<br>• Evaluation/Self-Analysis: E A D B<br>• Commitment to Improvement: E A D B | Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!<br><br>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.<br><br>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job! |
| **SUMMARY COMMENTS: * = Course Objectives**<br><br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br><br>**E= Exemplary**<br><br>**A= Accomplished**<br><br>**D= Developing**<br><br>**B= Beginning** | Lasater Clinical Judgement Rubric Comments:<br><br>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.<br><br>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| **Scenario Objectives:**<br>• **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)***<br>• **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)***<br>• **Differentiate between defibrillation and cardioversion. (1,2,6)***<br>• **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*** | exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.<br><br>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.<br><br>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.<br><br>Satisfactory completion of the simulation scenario. Great job! |

*End-of- Program Student Learning Outcomes

**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