EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Taylor

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)
1/8/2024	1.5H	Missed clinical orientation	1/9/2024 1.5H

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

Comments:

Week 2 (All Obj. 1 competencies)- You have received a "U" for each competency because you did not evaluate yourself for Week 2. Please refer to the directions at the beginning of this tool for how to properly address these "U's" and do so on your Week 3 tool. AR

Week 3: I recognize that I mistakenly put my evaluations for last week's clinical in the wrong week. Going forward, I will make sure not to repeat this mistake and will ensure my evaluations are placed in the correct columns. Thank you for addressing the U's. For Week 4 please give yourself all "S". AR

*End-of- Program Student Learning Outcomes

Week 4 (1c)- Satisfactory during your Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Madison did a great job in communicating with patients and asking a lot of great questions.”. Great job. Be sure to carefully evaluate yourself and use “NA” for all competencies that are not applicable for that week. AR
Week 5 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB
Week 6 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB
Week 7: I got the chance to start IVs on two different patients. My technique was correct, unfortunately, I was not able to get the IV in as both patients were hard sticks.
Madison, great job with your attempts to start IV’s, this is a skill that takes some time to perfect and you still will not get every IV that you start. Patients often difficult when they are acutely ill. FB
Week 7 (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

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

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

Comments:

Week 5 (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 prioritizing the plan of care as you deliver care, perform tasks, perform medication administration, and other nursing interventions. FB

Week 6 (2 a,b,d) Good job with identifying potential complications. Remember to use all subjective and objective data to determine plan of care. Investigate the reasons behind patient signs and symptoms and correlate with the pathophysiology of disease processes. FB

*End-of- Program Student Learning Outcomes

Week 7 (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

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: a. Critique communication barriers among team members. **(Interpreting)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	N/A	S	~~S~~ NA	N/A	S	N/A	N/A	**S**	S								
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	S								
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**									

Comments:

Week 2 (3b)- Satisfactory discussion related to your Quality Department observational experience. AR

Week 4 (3b,c)- Satisfactory with Quality Scavenger Hunt, documentation, and discussion via CDG posting. Keep up the good work. AR

Week 5 (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. (3c) This competency was changed to a NA because fiscal responsibility was not discussed in correlation with this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 7 (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 and the priority patient of assigned patients. Keep up the great work! FB

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

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

Comments:

Week 2: A legal issue I observed at my clinical this week was the importance of accurate and detailed charting. Something left uncharted or charted carelessly can result in dangerous patient outcomes and legal trouble for staff. Great example! It can lead to so many negative consequences. AR

Week 4: An ethical issue I observed at my clinical this week was the patient advocate receiving a grievance from a patient who was in the hospital a few weeks ago. They stated that they were not taken care of properly when they needed to have a bowel movement. The patient ended up soiling themselves because nobody went to help them in a timely manner and when confronted about it, the nurse said some rude remarks. Neglecting a patient's needs like this is completely unethical and could have caused harm to the patient. Sad but great example. AR

Week 5: a legal issue I observed in the clinical setting was the importance of the six rights of medication and making sure you have everything right before giving medications to a patient. My preceptor told me about some nurses that she knew who would give medications despite the barcode not scanning. This action could lead to dangerous medication errors and cause serious harm to the patient. Medication administration is so very important and needs to be completed following all rights of administration including scanning this is a big safety feature. Great example. FB
Week 5 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 6: A legal issue I witnessed today was my preceptor hanging TPN and having another nurse cosign on it. They read back each component of the TPN to each other as well as verifying the patient with two identifiers and the dose that was being given. When hanging something such as TPN, it is important to verify everything with another nurse to make sure no errors are made. Great example! FB

*End-of- Program Student Learning Outcomes

Week 7: A legal issue I witnessed at my clinical this week had to do with blood administration. My precepting nurse showed me the process of getting the blood from the blood bank, doing all the necessary checks with the nurses there by reading back the patient's name, blood type, the ID number on his green wristband, the number on the blood bag, type of blood products, and the blood type in the bag. The nurse then returned to the floor and did the same thing with another nurse before administering the blood. All of these checks are extremely important to perform due to the risk of error or a reaction to the blood. It was also important that I as a student did not administer any blood products due to the legal risks, so I only observed the process as my precepting nurse carried it out. Great example, it is very important to make sure all steps are followed to prevent a bad outcome for the patient. I am glad you noticed the importance of this. It is a great experience to witness the process before you have to complete this procedure on your own. FB

Week 9: An ethical issue I saw on my clinical rotation this week was when the nurse for my patient had to deny him a snack because his blood glucose was too high. Even though it was the best thing for his health, she was unable to meet his needs when he was hungry.

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

Comments:

Week 2 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observational experience. AR

*End-of- Program Student Learning Outcomes

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Satisfactory in all areas. Student goals: “Improve my time management when taking care of 2 patients.” Additional Preceptor comments: “Very good with patients.” BA/FB
Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Satisfactory in all areas, except excellent in communication skills and demonstrates professionalism in nursing. Student goals: “Work on my confidence performing patient care on my own.” Additional Preceptor comments: “Student did very well in her time management. Charting was done as she went and always current. Time management of medication administration was excellent. Gave PO, IVPB, SQ meds very well. Friendly and kind to her patients. Asked questions when appropriate. Knew patients medications and reason for them. Also well done on two dressing changes.” DM/FB Reported on by assigned RN during clinical rotation 2/14/2024- Satisfactory in all areas, excellent in demonstrates prior knowledge of departmental nursing responsibilities and demonstrates professionalism in nursing, needs improvement in communication skills. Student goals: “Form better therapeutic relationships with my patients. Improve my patient education skills.” Additional preceptor comments: “Madison did great. I would recommend to do better with educating patients prior to administration of medications.” ER/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas, satisfactory in demonstrates prior knowledge of departmental/nursing responsibilities, communication skills and delegation. Student goals: “Improve on my patient prioritization.” Additional Preceptor comments: “Able to go with the flow on a hectic day and eager to learn.” AG/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Satisfactory in all areas. Student goals: “Improve on my IV starting skills (if I am given the chance).” Additional Preceptor comments: “Madison did a great job with working on time management skills.” DS/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	S								
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	N/A	N/A	N/A	S	NI	S	N/A	N/A	**S**	S								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	N/A	N/A	S	S	S	S	N/A	N/A	**S**	S								
d. Deliver effective and concise hand-off reports. **(Responding)**	N/A	N/A	N/A	N/A	S	S	N/A	N/A	**S**	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**	S								
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	N/A	S	~~S~~ NI	S	S	N/A	N/A	**S**	S								
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**									

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observation experience. Keep up the great work! AR

Week 4 (6c,f)- Satisfactory CDG postings related to both clinical experiences this week. Great job! A

Week 5 (6d)- both of my patients got discharged before the end of my clinical, so I did not have a report to give.

Week 5 (6f)- This competency was changed to a NI because you did not follow the CDG rubric with a word count of 250. Your word count was 244. Make sure to follow CDG rubric for all discussion posts. FB

*End-of- Program Student Learning Outcomes

Week 6 (6f)- I acknowledge my mistake in not making the word count in the week 5 CDG. Going forward, I will make sure I look closely at my word count to make sure I have at least 250 words.FB
Week 6 (6b)- When educating my patient on their medications, I was tripping over my words and did poorly educating my patients on their medications. Going forward, I will ensure that I am more prepared and will give education to my patients. FB
Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. No comments provided. DM/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB
Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

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	N/A	S	S	S	S	N/A	N/A	**S**	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	N/A	S	S	S	S	N/A	N/A	**S**	S								
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**									

Comments:
Week 2 (7a)- Satisfactory discussion related to your Quality Department observational experience. AR
Week 7 (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. FB

*End-of- Program Student Learning Outcomes

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

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:

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2024

Student Name: **Date or Clinical Week:**				**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)**		
	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	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		

*End-of- Program Student Learning Outcomes

	complication.						
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**		
	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:

*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 Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Meditech Document (1,2,3,4,5,6)*	**Physician Orders/SBAR** (1,2,3,4,5,6)*	**Prioritization/ Delegation** (1,2,3,4,5,6)*	**Resuscitation** (1,3,6,7)*	**IV Start** (1,3,4,6)*	**Blood Admin./IV Pumps** (1,2,3,4,5,6)*	**Central Line/Blood Draw/Ports** (1,2,3,4,6)*	**Head to Toe Assessment** (1,2,6)*	**ECG/Hand-off report/CT** (1,6)*	**ECG Measurements** (1.2.4.5.6)*
	Date: 1/9/2024	**Date: 1/9/2024**	**Date: 1/9/2024**	**Date: 1/9/2024**	**Date: 1/11/2024**	**Date: 1/11/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

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

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

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

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

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

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! LB/BS

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: **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) • All related medications included (3)	**Total Points:** **Comments:**

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• 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:**

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

vSim Evaluation 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	S						
Faculty Initials	FB	FB						
Remediation: Date/Evaluation/ Initials	NA	NA						

* Course Objectives

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Natasha Doughty, Kenneth Seibold, Paige Stacy, Madison Taylor
GROUP #: 1
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/26/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2)* • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Notices patient's heart rate is decreased. Notices patient's SpO2 is decreased. Initially does not recognize rhythm change after administration of Atropine, but notices another decrease in heart rate. Notices patient's heart rhythm change after prompted by the physician. Notices patient has a cough. Notices patient's heart rhythm is irregular and increased. Notices patient is feeling dizzy after administration of medication. Notices patient's heart rhythm does not change after diltiazem is administered. Notices blood pressure is decreased. Notices patient has a history of CHF. Notices patient's cough has worsened after fluid bolus. Notices patient's lung sounds have changed. Notices patient is unresponsive. Notices patient is pulseless.
INTERPRETING: (1,2)* • Prioritizing Data: **E** A D B • Making Sense of Data: E **A** D B	Interprets patient's initial heart rhythm as sinus bradycardia. Recognizes the need for medication to increase patient's heart rate. Initially interprets the patient's heart rhythm change as sinus bradycardia, then interprets it as a second-degree type II heart block. Interprets patient's second heart rhythm change as a third-degree heart block. Interprets patient's initial heart rhythm as atrial fibrillation. Recognizes the patient cannot be cardioverted right away due to unknown length of time on anticoagulant. Recognizes the need for medication to decrease the heart rate. Recognizes the need to increase the blood pressure. Initially interprets the patient's lung sounds as diminished rather than crackles. Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.
RESPONDING: (1,2,3,5,6,7)* • 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	Introduces self and identifies patient. Places patient on the monitor and obtains vital signs. Calls the physician and attempts to provide SBAR. Does not place patient on oxygen. Administers 1 mg of Atropine IVP. Does not repeat all vital signs. Calls the physician due to decreasing heart rate. Attempts to provide SBAR, but does not have all the assessment data. Recommends transcutaneous pacing, amiodarone and epinephrine. Introduces self and identifies patient. Obtains vital signs, places patient on the

*End-of- Program Student Learning Outcomes

B	monitor and performs an assessment. Asks patient about medical history. Calls the physician and attempts to provide SBAR. Recommends diltiazem for treatment. Applies oxygen on the patient. Administers diltiazem per orders. Reassesses the monitor and blood pressure after diltiazem is administered. Calls the physician and provides SBAR. Recommends cardioversion and a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient. Asks the patient to perform a deep cough to help bring heart rate down. Initially does not stop fluids. Calls physician and provides update. Calls code. Places patient on the monitor. Calls physician. Performs CPR. Administers epinephrine 1 mg IVP. Continues CPR. Places fast patches on patient. Begins bagging the patient. Performs defibrillation. Recommends amiodarone as potential treatment.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: **E** A D B • 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! 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. 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 **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention

*End-of- Program Student Learning Outcomes

Scenario Objectives: • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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. 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. Satisfactory completion of the simulation scenario. Great job!

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

*End-of- Program Student Learning Outcomes

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