EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jaden Ward

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)
2/16/2024	2	vSim Rachael Heidebrink not complete (no post-test)	2/16/2024 0900

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)**	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	N/A	N/A	S	S	S	N/A	N/A	**S**	~~S~~ NI	S							
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	N/A	~~N/A~~ S	S	S	S	S	N/A	N/A	**S**	S	S							
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**NA**	S	S							
e. Administer medications observing the six rights of medication administration. **(Responding)**	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	~~S~~ NI	S							
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	**S**	N/A	N/A							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	S	S							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**								
Clinical Location	QC	PD	DH	PM 3T	PM 4N	PM 3T	N/A	N/A		4P	4C							

Comments:

Week 3 (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. While the discussion was satisfactory, I suggest you provide more in-depth answers for future CDGs. AR

Week 4 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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

*End-of- Program Student Learning Outcomes

Week 9-1(b) This competency was changed to an “NI” this week due to missing assessment data/inaccurate collection. The patient had an irregular heart rhythm and you had to be reminded of the importance of taking an apical pulse for one full minute to ensure you had an accurate heart rate. Instead, you utilized the heart rate from the ear probe on the NIBP machine. This is not an accurate means for obtaining a heart rate on someone with an irregular rhythm- especially when it was already known the patient was in A-fib. Additionally, it was observed by the patient (who is a retired anesthesiologist) that you were not listening to the apical pulse in the correct anatomical location (I was unable to see your stethoscope placement from the angle I was at in the room). He kindly offered you feedback for correct placement. Your IV assessments were not thoroughly done each time. You admitted to not assessing the patient’s HD catheter on Wednesday morning, and also did not recognize the patient still had heparin running through their peripheral IV at one point. 1(e) This competency was changed to an “NI” for concerns related to following all six rights of medication administration. As we discussed in clinical, it is very important that you always have a good understanding of the medications you are administering. You should never administer any medication to a patient that you do not know. It is your responsibility as the RN to research medications and understand what it is used for, how it works in the patient’s body, why your patient is taking it specifically, side effects, nursing assessments, etc. Additionally, when utilizing the BMV system, you should never just scan the medications and move them to the side without looking at the screen. You always need to be looking at the MAR to verify that you are scanning the correct medication, and make sure there is no other information related to that medication that needs addressed (i.e. a lab value entered, a protocol to be followed, etc.). This is one of your 3 checks (last check) during medication administration. 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	N/A	N/A	S	S	S	N/A	N/A	**S**	~~S~~ NI	S							
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	N/A	N/A	N/A	S	S	S	N/A	N/A	**S**	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	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	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	S							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**								

***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

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

*End-of- Program Student Learning Outcomes

Week 9-2(a) Satisfactory completion of your pathophysiology CDG assignment. Please see the Pathophysiology Rubric at the end of this document for my feedback. Although your pathophysiology was satisfactory, this competency was changed to an "NI" for this week because of concerns related to your ability to correlate relationships among disease process, patient's history, patient symptoms, medications and present condition utilizing clinical judgment skills in the clinical environment. This concern comes from conversations that occurred during your clinical experience related to medications, labs, diagnostic testing, documentation, and physician reports, as well as the hand-off report that was communicated during debriefing. We had a discussion in clinical about the importance of being able to transition from the PCT role (which is task-oriented), to the RN role (which requires the use of clinical judgment). As an RN, it is very important that you understand your patients' diagnoses, symptoms, history, medications and treatment in order to safely care for them. If you do not have an accurate understanding of all these components, the concern is that you will not be able to prioritize assessments, monitor for potential risks, anticipate possible complications, recognize changes in patient status, and utilize your critical thinking skills to take appropriate action. It is not enough to just complete tasks. You have to understand what it is that you are doing, and why you are doing it at all times to prevent patient harm. With that being said, there will be times when you don't always initially understand everything- which is ok. However, you must take initiative in utilizing the resources you have to gain the understanding that you need to safely care for the patient. One of the best resources that you have is the patient's chart and electronic medical record. Thoroughly reading through all the physician's notes, labs, radiology, medications, etc. Utilize your skyscape to look up any information that doesn't make sense. Moving forward, it is crucial that you work on your overall clinical judgment abilities, as well as your ability to put all the pieces together in the clinical environment. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR

Week 3 (3b,c)- Satisfactory Quality Scavenger Hunt and with discussion via CDG posting. As stated previously, you will need to include more in-depth responses for future CDG's. Also be careful when filling out your clinical tool so that you evaluate yourself on all appropriate competencies. 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. 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

Week 9-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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 heard about from one of the nurses I met with in the quality department was that one patient was on fall precautions and the nurse did not follow the protocol. He ended up falling while he was in the hospital and that ended up causing him to have a brain bleed. The family sued the hospital for 6 million dollars because of the injury inflicted on the patient. Great example and unfortunate for the patient and organization. AR

Week 3: During my time with the patient advocate, I learned about an ethical issue that was happening with a patient. When she was admitted the nurse found out that she had the completely wrong medication list entered into the system. When they found out the right medication list for her the doctor never acknowledge those medications. She has been without the medications for a couple days now because the doctor won't acknowledge them. She also has some very important heart medications she needs to take. The patient is wanting to leave AMA to go get her medications but is it ethical for her to leave AMA and risk getting injured or sicker at home. Perfect example of ethical and legal concerns. This shows how important it is for us as nurses to keep advocating for our patients and their needs. Thanks for sharing. AR

Week 4: This week I was in digestive health starting IV's. I had one patient refuse to let a student nurse put in his IV. I respected that choice and knew he was in his right to say no. It could have turned into a legal issue if another student nurse or I just put an IV in him anyway. It is any patients right to say no to a procedure especially if they would not like a student to be practicing on them. It sure is their right. Great job! AR

Week 5: This week during my first patient management clinical one of my patients was admitted for dehydration to the hospital. She stopped drinking anything for 5 days after she found her son deceased in her basement. As she was in the hospital her magnesium was found to be only 1.3. An ethical problem with the patient was if it was ethical to let her be discharged to go to her sons funeral if her magnesium still does not get up to the appropriate level. Very sad, difficult decisions. Education and active listening to the patient would benefit the patient. The end goal is doing what is best for the patient, but they have the decision to make. 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: This week during clinical an ethical issue that I witnessed was that one patient was admitted with pancreatitis. He was crying in pain and needed a procedure done but would have to get transferred to Cleveland clinic. The doctor told him to just leave AMA to drive yourself up there and get faster care but is it ethical for the doctor to tell the patient that knowing the hospital won't get reimbursed for the stay and the stay will not be covered by insurance because he left AMA. The nurse was

*End-of- Program Student Learning Outcomes

also struggling to decide to give him dilaudid because he was in so much pain or to not because he was leaving AMA and was going to drive. This brings forth a variety of ethical issues. Telling the patient to leave AMA, while having so much pain could be determinantal to the patient. What if something happens on his drive to Cleveland? Would the family come back and say well the doctor told him to do it. Giving a pain medication as strong as dilaudid could affect respiratory status as well as mental status, who would be held accountable if something happens to the patient. Great example. FB

Week 7: This week during clinical an ethical issue that I saw was that my patient was a 90-year-old man that was admitted for a fall. He was very mad about going to a nursing home and was refusing to go. His family however was making him go. The man was completely aware of everything and did not have any mental illness that would make him uncapable of making his own decisions. The question would be was it ethical for the family to make his decision for him without him having any input. This is a rough decision to make, it comes down to what is safe for the patient. The patient could have used some education. The patient is probably upset about losing his independence. That is very hard to give up! He should have the right to return home when he is strong enough to go home. FB

Week 8: I did not have clinical this week.

Week 9: This week during clinical, I found two Tylenol just laying by the computer in my patient's room. This could end up being a legal issue if the patient took them without us knowing or if a family member took this and something bad happened. Even though it was just Tylenol, leaving any medication out for anyone to take can end very badly depending on what it is and how it effects the person. Great example, Jade. BL

Week 10: A legal issue that I encounter during clinical was that my patient was an 84-year-old female that was marked in the chart as a full code. When she became unresponsive and could not protect her airway, so we had to intubate her. When her husband came in, he explained to us she never wanted this and has a DNRCCA on file. We looked and she did have one on file this should have been communicated to the staff and the staff should have looked before intubating her. A DNRCCA is a legal document and should always be enforced. This could make the hospital at risk for being sued for not following this.

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	S	S	S	S	S	N/A	N/A	**S**	S	S							
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	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**	S	S							
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	N/A	S	S	S	S	S	N/A	N/A	**S**	S	S							
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**								

Comments:

Week 2 (5c)- Satisfactory with discussion related to your Quality Department observational experience. AR
Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas. Student goals: "My goal is to get faster on my med passes." Additional Preceptor comments: "Very professional with patients and family members." PW/FB
Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: "In my next clinical, my goal is to improve on my education to my patients." Additional Preceptor comments: "Great job today!" AT/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas. Student goals: "My goal for next clinical is to take more patients as I only took 2 this time." Additional preceptor comments: "You are going to be a great nurse. You are a natural caregiver." AT/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas. Student goals: "Just remember to glove up before each med pass. Be more confident in my skills of hanging an IV bag." Additional Preceptor comments: "Jade was confident and wonderful!" HM/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Satisfactory in all areas, except excellent in demonstrates professionalism in nursing. Student goals: "My goal for my next clinical is to work on my time management." Additional Preceptor comments: "Jade did very well today and will be an excellent RN! She was willing to help others because her time management was great! We had a good group and she handled 4 patient with med pass great!" KD/FB
Week 9-5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL
*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	S	S	S	S	N/A	N/A	S	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	S	S	N/A	N/A	S	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	S	N/A	N/A	S	S	S							
d. Deliver effective and concise hand-off reports. **(Responding)**	N/A	N/A	N/A	S	S	S	N/A	N/A	S	~~S~~ U	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~~ NI	S							
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S	N/A	S	S	S	N/A	N/A	S	S	S							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**								

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observation. Great job! AR

Week 3 (6c)- This competency is satisfactory due to being part of the Patient Advocate/Discharge Planner CDG. (6f)- While both your CDG postings were satisfactory, to maintain that rating for future CDGs you will need to provide more "depth" to your responses. Please see me for further clarification as needed. AR

Week 5 (6d) Satisfactory completion of hand off report rubric 30/30. Preceptor comments: Good communication and background on patient. PW (6f)- Satisfactory discussion related to delegation. CDG rubric was followed appropriately. FB

Week 6 (6 f)- 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

*End-of- Program Student Learning Outcomes

Week 9-6(d) Jade, you received 18/30 points for your hand-off report during 4T debriefing. This score is unsatisfactory. Areas that did not meet expectations include assessment, laboratory/diagnostic testing, and communication/prioritization. The assessment information was incomplete. You did not provide any information related to the patient's skin assessment- specifically that he had cyanotic fingers with decreased circulation causing pain and ulcerations. There was also no report of the assessment information related to the PD fluid that was discovered on Tuesday morning. Pertinent laboratory and diagnostic testing were missing- BNP, Troponin level, INR, aPTT (patient was on a heparin gtt), thoracentesis procedure and fluid culture, PVR, CXR, etc. There was also a need for improvement related to discussing interventions and the rationales associated. For example, you did not explain why the patient was having his PD catheter removed/switching to hemodialysis, why the patient was on a heparin gtt, and why the patient's permanent hemodialysis catheter insertion (tunnel cath) kept getting delayed. Overall, the report was incomplete and would have left the oncoming RN needing to research a lot of information to help fill in the gaps and understand the patient's treatment plan- which is ultimately a patient safety concern related to poor communication. You are required to be satisfactory in this competency during your 4T clinical rotation. You will need to provide another hand-off report on Wednesday, March 20, 2024 on your patient in ICU during debriefing. Please let me know if you have any questions or if I can be of assistance to you in any way. Be sure to address this "U" next week according to the Performance Code guidelines on page 2 of this document. 6(e) Overall, your documentation was well done but there were some issues with it being inaccurate at times. This competency was changed to an "NI" for concerns related to the use of "recalling/dragging" other nurses' documentation. It is important that you are always doing your own documentation and not "recalling/dragging" information that you did not assess/observe. 6(f) Satisfactory completion of your CDG this week. Great job! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (7a)- Satisfactory related to discussion forAR Quality Department observation. 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
Week 9-7(d) Jade, you are an excellent team player and always willing to help out other members of the healthcare team. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

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

** AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Comments:

*End-of- Program Student Learning Outcomes

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

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

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

*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: Jaden Ward **Clinical Date:** 3/12/2024-3/13/2024

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points:** 4 **Comments:** Great job providing a detailed description of your patient's current diagnosis and past medical history.
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)-6	**Total Points:** 6 **Comments:** Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis (Congestive Heart Failure (CHF)).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-1	**Total Points:** 5 **Comments:** You did a nice job correlating the patient's current diagnosis with presenting signs and symptoms. Just to clarify, the patient had end-stage renal disease with peritoneal dialysis prior to coming to the hospital. Although the acute exacerbation of CHF can worsen things related to this, it was not directly related to these issues at the time of admission. In other words, it did not put him into renal failure on admission like was stated in your response. Additionally, it would be important to include that the patient's heart rhythm was in Atrial Fibrillation and how that correlates to the admitting diagnosis as well.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3)-3 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-1	**Total Points:** 10 **Comments:** All relevant labs included with rationales provided. You did a great job identifying the normal ranges for each lab. An explanation was provided on how the result correlates with the patient's current diagnosis for each of the labs; however, some of the explanations are inaccurate. For example, your patient was on a heparin gtt- this is why his aPTT levels were increased. Your patient's INR level was high because he was taking warfarin for his history of atrial fibrillation- not because of decreased cardiac output. The high INR level did not affect the patient's troponin level on admission. The patient's elevated troponin level was related to his heart failure and decreased perfusion in the heart.

*End-of- Program Student Learning Outcomes

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)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3	**Total Points:** 12 **Comments:** All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3	**Total Points:** 9 **Comments:** You did a nice job correlating the patient's current diagnosis with all the related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2)-0 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-1	**Total Points:** 1 **Comments:** Missing pertinent past medical history (ex. CABG, hyperlipidemia, sleep apnea, etc.). Lack of detail related to how the patient's past medical history correlates with his current diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)-0	**Total Points:** 0 **Comments:** Nursing interventions are not prioritized correctly. There were also no interventions included related to medication administration.
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)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2	**Total Points:** 6 **Comments:** Great job!
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations,	**Total Points:** 53/65 **Comments:** Satisfactory pathophysiology. Please review all my feedback above. Nice job! BL

*End-of- Program Student Learning Outcomes

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	

Firelands Regional Medical Center School of Nursing
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	U	S	S	S				
Faculty Initials	FB	FB	BL	BL				
Remediation: Date/Evaluation/ Initials	2/26/2024 S FB	NA	NA	NA				

* Course Objectives

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): E. McCloy, K. Elmlinger, Jaden Ward, M. Whittaker
GROUP #: 3
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/26/2024 1230-1430

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	Patient identified. Notices patient is complaining of being tired and nauseous. FSBS 124. Notices bradycardia. Notices low SpO2. Patient CO dizziness and nausea. Notices a rhythm change. Another rhythm change noticed. Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing. Notices patient's BP has lowered. Notices patient is unresponsive, code blue called.
INTERPRETING: (1,2) * • Prioritizing Data: E **A** D B • Making Sense of Data: E A **D** B	Heart rate and blood pressure interpreted as being below normal. First rhythm change interpreted as 3rd degree block, later determined to be 2nd degree heart block type 2. O2 saturation interpreted as low, HR interpreted as high. Rhythm interpreted as v-tach, changed to sinus tach. (It was a-fib) BP interpreted as being low. Interprets the need to recheck BP and lung sounds. Lung sounds interpreted as crackles. Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.
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** B	Questions asked to determine orientation. HOB elevated. O2 applied. Call to provider, reports hypotension and bradycardia, requests fluid. Suggests atropine, provides dose. Orders received and read back. Patient informed of new orders. Atropine prepared, patient identified, atropine administered, and IV fluid started. Call to provider to report lower HR, 3rd degree heart block- determined to be a 2nd degree type 2 AV block. Suggests cardioversion, epi drip. Oxygen applied due to low SpO2. Patient encouraged to cough, bear down. Call to provider, gives vitals and requests orders. (Give some assessment information). Reports v-tach- sinus tach. (it's a-fib). A-fib reported. Diltiazem recommended, dosages provided. Order received.

*End-of- Program Student Learning Outcomes

	Patient identified, diltiazem bolus and drip initiated. Call to provider. Recommends fluid bolus. Order received, read back. Fluid bolus initiated. BP and lung sounds reassessed. IV fluid stopped in response to crackles in lungs. CPR initiated, delay in applying fast-patches, shock delivered, CPR. 2nd shock delivered. EPI Q3min. (remember to also address the airway when doing CPR).
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). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication. Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. 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 patient. Discussed alternative to epi (amiodarone). Discussed the importance of not being in contact with any part of the patient of the bed when delivering a shock. Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks.
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**	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. 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

*End-of- Program Student Learning Outcomes

D= Developing **B= Beginning** **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)***	interventions; occasionally does not pursue important leads 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 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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. You are satisfactory for this simulation. Nice work! BS

*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