EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Ashley Huntley

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)
01/23/2024	8	Sent home from 4P clinical for being unprepared (no student ID badge).	02/14/2024 0700-1500
02/16/2024	1	Did not complete Special Procedures CDG	2/16/2024 1H

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

Comments:

Please remember to fill-in your clinical location each week you have clinical.

Week 2- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered (IV, IVP, OG) while observing the rights of medication administration. BS

*End-of- Program Student Learning Outcomes

Week 3-1(a-e, g) Great job monitoring your patient very closely this week to ensure positive patient outcomes. Your care was very well organized, and you did a great job with your time management. Medication pass was safely done following the six rights. BL
Week 4- 1a-e,g- Nice work this week assessing and providing care for both of your patients this week. You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. Medications were all administered using several routes (PO, OG, IV, IVP) while observing the six rights. The care you provided was timely and documented well. BS
Week 5 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 6-1(a-g) Excellent job this week managing complex patient care situations. All care was completed in a timely manner, and your head to toe assessments were very thorough and well done. Medication passes were safely done following the six rights (PO, IVP, SQ). You were satisfactory in your Special Procedures and Cardiac Diagnostic clinical experiences. Comments from your preceptor in Special Procedures: Excellent in demonstrating professionalism in nursing, satisfactory in all other areas. "IV start practice, observed paracentesis, practiced sterile procedure tray set-up, MRI with pacemaker." Comments from your preceptor in Cardiac Diagnostics: Excellent in all areas. "Saw LHC, CVN, and stress tests." Keep up all your great work! BL
Week 7 (1c,f)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Ashley started IV's and observed port and PICC access, hung antibiotics and participated in wound care. She was very eager to get hands on experience and did a great job. She has a great and pleasant attitude towards patients and staff.". Great job! AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. 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)**	S	S	S	NA	S	S	NA	NA	**S**	S	S							
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	NA	S	S	NA	NA	**S**	S	S							
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	NA	S	S	NA	~~NA~~ S	NA	NA	NA	**S**	NA	NA							
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**BL**	**AR**	**AR**	**AR**	**AR**	**FB**								

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

Comments:

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

Week 3-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job this week discussing social determinants of health that may have impacted your patient's health, well-being, and quality of life. BL

*End-of- Program Student Learning Outcomes

Week 4- 2b,c,d- Nice job choosing two priority nursing diagnoses for your patient during debriefing. Good job also of discussing monitoring for potential risks, anticipating early complications, and taking actions when there is a change in condition. BS

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS

Week 3-3(a) Excellent job critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL
Week 4- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. BS
Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR
Week 7 (3c)- Satisfactory CDG posting related to your Infusion Center clinical experience. Keep up the good work! AR

Week 9 (3c) This competency was changed to a NA because you did not discuss fiscal responsibility during this clinical experience. Remember to self-rate on competencies completed the corresponding week. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

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	NA	NA	S	S	S							
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	S	S	NA	NA	S	S	S							
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	~~NI~~ U	S	S	S	S	NA	NA	S	S	S							
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**BL**	**AR**	**AR**	**AR**	**AR**	**FB**								

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

Comments:

Week 2- My patient this week had an ethical dilemma between him and his brother. The patient changes his code status from full code to DNRCC while in the nursing home. When the patients brother came to visit, he found him hypoglycemic and unresponsive. Upon calling 911 the brother, who was the POA, revoked the patients DNRCC and made him a full code. This is an ethical issue because the patient thinks he has no quality of life and the brother wants him to keep fighting. Great example. This type of situation can get really ugly for some families. While the family member is dying, unfortunately some family members will make those last few days (sometimes) much worse. While everyone is arguing for what they feel should be done, sometimes the patient's wishes (whether they are expressed or not) get ignored. Hopefully if this crisis passes, they can have a discussion on how to proceed in the future. BS

Week 3- One legal issue that I observed in clinical this week was that I the patient did not have much contact with his children because they do not live in the area. The only person who was allowed to have medical information about the patient was the patient's wife and the patient's daughter. The patient had expressed to me that if the son called requesting information that he did not want him to know that he was back at the hospital and did not want any information shared. Nice example, Ashley. Its very important that healthcare workers are compliant with HIPAA laws and regulations at all times. In order to do so, you must seek permission from the patient before speaking to anyone regarding healthcare information. It's good practice to always go directly to the patient and ask permission whenever someone calls even if it has been passed to you in report that its ok to give certain people information. You also want to make sure that it is documented correctly in the patient's medical record regarding who is allowed to receive information. BL

Week 3-4(c) Unfortunately, you were sent home from clinical on Tuesday because you came unprepared without your student ID badge. This competency has been changed to a "U" this week as it relates to professional behavior and responsibility. Please be sure to address this "U" next week according to the Performance Code guidelines on page 2 of this document. Should you have any questions, please do not hesitate to ask. BL

Week 4- An ethical issue that the patient I cared for on the first day of clinical was whether or not the patient should be allowed to return home to her house. She lived alone and has had numerous episodes of falling. She currently lives in a high-rise apartment building and was 91 years old. She is fully competent and able to care for

herself it was just a safety issue due to her many falls. The reason for her falls is due to medication management and trying to find appropriate dosing that doesn't cause episodes of syncope and low blood pressures. To make sure that I come prepared to clinical with all of my necessary supplies I have created a check list document that I complete the night prior to clinical and put everything in a bag. I also placed a clipboard in my car with the same document that I go through before I leave my house the morning of. I have found this to be a very quick and effective solution to my past problem. Great example of an ethical issue, Ashley. Falls at this age often lead to significant disability. Good idea also with the checklist! I make these all the time now, except I also need to write myself a note to remind myself that I had a checklist! BS

Week 5- An ethical issue that arose during clinical would be the patients right to refuse to have a student insert an IV on them. Not everyone is comfortable allowing someone who is new to a skill practice on them and it causes a lot of anxiety. It is well within their rights to refuse care at any time. This is a great example and so true. AR

Week 6- A Legal/Ethical issue that arose during clinical thing week on 4P was with my patient going home after being discharged and needing pretty significant care at home with ambulating and ADL's. Home health was set up but only for a short time each day. The patient really wanted to go home, and the wife was reluctant but agreeable with her husband. After being home for less than 24 hours the patient was declining in terms of oxygen needs but later told me that his wife also brought him back because she was unable to care for him properly also being elderly. This is very hard to navigate as the patient and family disagree on the care and at this point it would not be in the patient's best interest to return home. Great job, Ashley! BL

Week 7- An ethical issue that arose with a patient during this week clinical in the infusion center was with a patient that has a chronic condition called HS. The patient has no family or friends to help with his care and is quite dependent on the assistance he receives from the nurses at the infusion center to help maintain his wound care. Specifically, this patient also has little monetary resources to pay for briefs at home that are needed to help keep his skin clean and dry. The nurses are aware that the patient wants to do everything that they tell him but struggles to logistically carry that out. They make sure to send him home with all of the wound care essentials till the next wound appointment. It would be ethically wrong for them to send him home knowing he couldn't carry out what he was supposed to do. This is a sad situation and a great example of ethical concerns with some of our patients. AR

Week 9- An ethical issue that I experienced this week while on patient management was that the patient, I was caring for had none of her family members visit her. One may not see this alone as an issue, but the true issue was that of all of her siblings, children, and grandchildren, none of them were the medical POA or involved in her care whatsoever. For this reason, the case manager had to facilitate all of her arrangements. The patient was a DNRCC and was having symptom treatments but as for all medical decisions she had end stage dementia and could not make her own medical choices. Great example, it is very difficult to make decisions for an individual that you do not know. It is also very sad that there is no family involvement. This makes it very hard to make the right choices for someone, that is why it is so important to have the difficult conversations with loved ones before they can't make them for themselves. FB

Week 9 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 10- During this week I cared for a patient who ended up signing on with hospice after being found outside, unconscious by a neighbor. After further medical examination is was found that he had several very serious medical conditions that were not managed due to the patient never seeing a doctor. The patient had been married 3 times and had 6 children whom he had no contact with any of them. The only family he had was his nephew who only communicated with him about once a month. After signing on with hospice no one would take "financial responsibility" of the patient so that he could go to in patient hospice. This poses many legal and ethical issues as to who is responsible for the patient/ who makes medical decisions/ and ultimately what to do with the patient moving forward as hospice said the patient had a about 2 days left to live.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	S	~~NA~~ S	S	S	S	S	NA	NA	**S**	S	S							
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	S	~~S~~ NI	S	S	S	NA	NA	**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	NA	NA	**S**	S	S							
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**BL**	**AR**	**AR**	**AR**	**AR**	**FB**								

Comments:

Week 2- 5a- Good performance in the clinical setting this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 3-5(b) Ashley, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You had the opportunity to attend an in-service on Vapotherm this week in which you verbalized that you learned a lot. Keep up all your hard work! BL

*End-of- Program Student Learning Outcomes

Week 4- 5b,c- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. Keep it up! You did a nice job during debriefing of discussing actions you took this week to create a culture of safety for your patients. As we discussed, going forward it is necessary to wear a gown and gloves whenever entering a patient room who is on contact precautions. BS
Week 5 (5c)- Satisfactory discussion related to your observation experience this week. Keep it up! AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Excellent in all areas, except satisfactory in Provider of care: demonstrates prior knowledge of departmental/nursing responsibilities, establishment of plan of care, Manager of care: delegation. Student goals: "Take 2 patients and be able to take time to read through the notes on both of them." No additional Preceptor comments. KW/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
d. Deliver effective and concise hand-off reports. **(Responding)**	S	S	S	NA	S	NA	NA	NA	**S**	S	S							
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	S	S	S	NA	S	NA	NA	NA	**S**	S	S							
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	~~S~~ U	S	S	~~S~~ U	S	NA	NA	**S**	S	S							
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**BL**	**AR**	**AR**	**AR**	**AR**	**FB**								

*End-of- Program Student Learning Outcomes

Comments:
Week 2- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. BS

Week 3-6(a,b,c) Excellent job discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Your Nursing Care Map was very well done; however, you did not include both an in-text citation or a reference. This competency was changed to a "U" per the CDG Grading Rubric. Please be sure to address this "U" next week according to the Performance Code guidelines on page 2 of this document. BL
Week 4- I have a addressed this issue by placing all of the rubrics that I need for the rest of the semester on my desk when doing my assignments. This week I made sure to include an intext citation and refence in regard to the evidenced based practice article for my clinical discussion group. I plan to have more attention to detail when submitting assignments. Great plan. BS
Week 4- 6 a,b,c,e,f- Great job working together with your assigned nurse, fellow students, and staff to achieve positive patient outcomes and provide quality care. Very good job on your hand-off report during debriefing also. Great job also with documentation in the electronic health record. BS
Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation this week. Keep up the great work! AR

Week 6-6(f) Satisfactory completion of your Cardiac Diagnostics CDG. Unfortunately, this competency had to be changed to a "U" because you did not complete your Special Procedures CDG. You provided one sentence for question #2, did not answer question #3, and total word count is below 250 words. This results in one hour of missed clinical time and will need to be completed satisfactorily by 1700 on 2/19/2024. Let me know if you have any questions. Please be sure to address this "U" next week according to the Performance Code guidelines on page 2 of this document. BL
Week 7- I plan to fix this issue from the previous week by directly writing on the discussion post rather than uploading a document so that way I can ensure that it is complete in its entirety and there are no issues with the technology. This is a great plan for improvement. (6f)- Satisfactory for your Week 7 CDG posting and revision of Week 6 CDG. AR

Week 9 (6 e,f) Great job with documentation of interventions and medication administration during this clinical experience. Satisfactory completion of CDG post following CDG rubric guidelines. FB
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)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S							
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	NA	NA	**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	NA	NA	**S**	S	S							
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**BL**	**AR**	**AR**	**AR**	**AR**	**FB**								

Comments:

Week 2- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 4- 7a,b- Great job these past three weeks at clinical. You also chose a great article for your CDG. The tool(s) discussed are very pertinent to patients in the critical care environment. BS

Week 5 (7a)- Satisfactory discussion related to your observation experience this week. Great job. AR

*End-of- Program Student Learning Outcomes

Midterm- Great job in all clinical settings during the first half of the semester! Keep up the great work as you complete the semester. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

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

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

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

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

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

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

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BL/BS

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

Student Name: **A. Huntley** **Clinical Date:** **1/16-1/17/2024**

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:** **4** **Comments:** **Nice job describing this patient's extensive 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)	**Total Points:** **6** **Comments:** **Great job discussing the pathophysiology of your patient's disease process(es).**
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:** **6** **Comments:** **Nice work making correlations between your patient's signs and symptoms and his current diagnosis. Unfortunately, he has many co-morbidities to go along with his diabetes.**
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:** **12** **Comments:** **Great job making correlations between your patient's diagnoses and all related laboratory results.**
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • 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:** **12** **Comments:** **Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.**
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)	**Total Points:** **9** **Comments:** **Very good job making the connections between the medications your patient was receiving**

*End-of- Program Student Learning Outcomes

• Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**and their role(s) in treating hos conditions.**
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: 4** **Comments: Your patient has an extensive past medical history at such a young age. Unfortunately, this is what diabetes and ESRD, coupled with non-compliance, results in.**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 6** **Comments: Very good job with your interventions! I might order these a little differently, but with someone in his condition priorities get a little murky.**
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: 6** **Comments: Nice discussion of the interdisciplinary team members and their roles in your patient's care.**
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: 65/65 Satisfactory** **Comments: Excellent work Ashley! BS**

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	S	S	S	S				
Faculty Initials	BL	AR	AR	FB				
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA				

* Course Objectives

STUDENT NAME(S): Veronica Brown, Taylor Fox, Ashley Huntley, Caitlyn Silas

*End-of- Program Student Learning Outcomes

GROUP #: 7
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/27/2024 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	Noticed patient heartrate of 44. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 92% on room air. Noticed patient's complaints of being "tired" and nauseous. Noticed patient has a cough. Noticed patient's heartrate of 164. Noticed patient's low blood pressure 82/52. Noticed patient's low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus. Noticed patient not responding to introduction. Noticed patient's heartrate on the monitor is 0.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 25 mg IV bolus to be given over 10 ins, then continuous diltiazem drip at 10mg/hr. Interprets patient's complaints of shortness of breath is due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets EKG rhythm as ventricular tachycardia.
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	Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.4-44-20-104/56. SpO2 92%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a focused cardiovascular assessment (including detailed questions about cardiovascular history, medications, symptoms). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed patient and vital signs. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block). Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm, and complaints of "there is a horse in my chest that is going to gallop out". Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained

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	heartrate and rhythm and decreased blood pressure. Normal Saline 0.09% 1000mL bolus given for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 6L per nasal cannula and discussed options for increased oxygen needs. Notified healthcare provider of patient with signs and symptoms of fluid overload. Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Called a code blue. Begins CPR. Applied fast patches to patient, and defibrillates patient. Administered Epinephrine 1mg IV push.
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** **Scenario Objectives:** • **Differentiate the clinical characteristics and**	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. 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

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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)***	guidance of a specialist or a more experienced nurse. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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!

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Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
01/24/2024	Decreased Cardiac Output	Satisfactory BL	NA

** 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: Ashley Huntley **Date or Clinical Week:** 01/24/2024				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Another nursing priority you may have wanted to include would be risk for bleeding. Nice job identifying potential complications for your top nursing priority problem. Some other important potential complications to consider would be cardiac arrest and heart failure.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Excellent job with your nursing interventions! You listed all relevant nursing interventions, prioritized them appropriately and provided detailed rationales.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

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	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	2	Remember that you need to list all of the highlighted reassessment findings for the top nursing priority. This would include your labs/diagnostics as well. Even if they did not repeat them, you need to list what the most current results were.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL

Total Points: 41/42

Faculty/Teaching Assistant Initials: BL

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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

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