

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty eSignature:

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.

Clinical Assignments
Completion of Patient Care
Meditech Documentation
Observation of Clinical Performance
Evaluation of Clinical Performance Tool
Onsite Clinical Debriefing
Clinical Discussion Rubric
Preceptor Feedback
Nursing Care Map Rubric
Skills Lab Checklists/Competency Tool
Lasater Clinical Judgment Rubric
Virtual Simulation scenarios
Pathophysiology Grading Rubric
SBAR/Physician Orders Rubric
Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)			
Date		Number of Hours	Comments
			Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	N/A	N/A	N/A	N/A	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	N/A	N/A	S	N/A	S	S								
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	N/A	N/A	S	N/A	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	S	N/A	N/A	S	N/A	S	S								
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	N/A	N/A	N/A	N/A	S	S								
Faculty Initials	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB								
Clinical Location	4P	4C	4C	SP, IS	QC	N/A	CD	N/A	N/A	PM	PM							

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2-1(a-g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO

*End-of- Program Student Learning Outcomes

(both orally and via OG tube), SQ and IVP medications all while following the six rights. You attempted an IV start, and although it was unsuccessful, you demonstrated appropriate technique and skill. Great job monitoring your patients very closely on both 4P and the ICU to ensure positive patient outcomes. BL
Week 3- 1a,b- Great job this week managing and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, and IVP. BS

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

Week 5 (1b,c)- Satisfactory during Infusion Center and Special Procedures clinicals and with discussions via CDG postings. Preceptor comments: Infusion Center- "Excellent in all areas other than 'appropriate use of communication skills' which was satisfactory."; Special Procedures- "Excellent in all areas. Several IV starts, Fistulogram, paracentesis, bone marrow Bx, sternal Bx, TPA recheck. Nice job today!". Great job! AR

Week 8 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. CV, LHC, and stress test observed. Appropriate cardiac conversations were had." Great job! AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	N/A	N/A	S	N/A	S	S								
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	N/A	N/A	N/A	N/A	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	N/A	N/A S	N/A	N/A	N/A	N/A	N/A	S	S								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
Faculty Initials	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB								

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

Comments:

Week 2-2(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 in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL
 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 related to your patient's condition. 2e- You did a nice job discussing social determinants of health that could have an impact on your patient's health, well-being, and quality of life. BS

Week 4-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. I changed competency 2d to a “S” because while caring for patients you are always formulating a nursing care plan based on their needs. CB

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

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

Comments:

Week 2-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Week 3- 3c- Great job critiquing communication barriers observed in the clinical setting during debriefing. BS

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

Week 5 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Great job! AR

Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. 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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	N/A	S	N/A	S	S								
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)									S									
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	N/A	S	N/A	S	U								
Faculty Initials	BL	BS	CB	AR	AR	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 – An ethical issue I encountered was my patient wanted to make all her own decisions as she is alert and oriented, but her daughter disagrees and thinks that she should make all her decisions for her as she knows what's best. This does not allow autonomy for the patient as she deserves. I recommended to the patient that she sticks up for what she believes and wants for her healthcare and to try and explain to her daughter that it is her healthcare, and she should have the right to choose. This is a great example of an ethical issue that you observed. Unfortunately, this can be a rather common situation for many patients regarding healthcare. The best thing you can do as the nurse is to continue to advocate for your patient's right to make their own decisions, especially when they are deemed competent and alert and oriented like you mentioned. BL

Week 3 – An ethical issue I encountered is that my patient is a 79-year-old who makes her own healthcare decisions, now she is vented and can not express what she wants done with her healthcare. Her code status is a full code but I wonder if she realized how extensive rehab will be for her after all she has endured. I wonder if she would have wanted a POA to help make those decisions for her in situations like this. I did notice that she had a wedding ring on, so her husband may have been her POA but he could have passed and just never made someone else her POA. She does have a daughter that calls and checks in on her but she is not her POA. Great example, Caitlyn. This issue of definitely very relevant to this patient's situation. Unfortunately, many people do not make these kind of decisions, and when this kind of situation develops, you are left wondering what the patient really would have wanted. And then when no family members visit, like in this case, the patient is kind of left lying in a bed until she either recovers or dies. BS

Week 4 – An ethical/legal issue I encountered was my 30-year-old female patient who experienced blood clots in her legs and started experiencing pain at 28 weeks along in her pregnancy, but her healthcare team did not do anything about it. She did not get them taken care of until 3 weeks postpartum and she delivered at 41 weeks along. The clots were in her legs for almost 16 weeks which is very dangerous. Her toes were blue and did not have pedal pulses, after the EKOS machine and the

*End-of- Program Student Learning Outcomes

procedure, she had 2 stents placed and her pulses are back. As a nurse in healthcare, I would have advocated for the doctor to do more to investigate the leg pain she was experiencing so it could have possibly avoided. **Caitlyn, this is such a difficult situation. I understand that she was pregnant and there probably wasn't much that they could do for her, but what if that clot would have moved? Advocating for your patient and maybe having suggestions for the doctor would benefit in this situation. CB**

Week 5 – An ethical issue I encountered was that one of the nurses had a patient who was born a female but showed signs of gender transitioning such as facial hair, a buzz cut, and clothes of more a male gender would wear. The nurse did not ask what if the patient had any preferred pronouns and just referred to the patient as a female which could have hurt the patients feelings if they would have rather been referred to as a male. If I was their nurse the first thing I would have done would to ask if they had any preferred pronouns so that way I knew I was providing them with the best and most comfortable care I could provide them with. **What a great example! Thank you for recognizing this and assuring that you will not do this type of thing in the future. AR**

Week 6 – An ethical/legal issue that could occur is if a patient is declining and a nurse calls the doctor but the doctor isn't responding, what should the nurse do? The nurse should call again and if the doctor doesn't answer and the patient's condition is deteriorating then the nurse should call a MET. Doing this the nurse is able to get a doctor right away to assess the patient to try and prevent them from coding. **This is an excellent example. AR**
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 – An ethical/legal issue I encountered was that the doctor knew the patient and her husband personally and since the cardioversion did not occur, he wanted to call it a no charge event, but the nurse pulled her medications and had everything ready for the cardioversion to be done so if they aren't charged the hospital loses money. The nurse talked to her manager about it and the manager was going to take it from there. **Great example! It would be interesting to know how this turned out. AR**

Week 9 – An ethical/legal issue I encountered was that I witnessed a nurse crush a medication they were not supposed to crush instead of calling down to the pharmacy to ask if they had it in a different form because the pills were too big and difficult for the patient to swallow. They could have possibly got it in a liquid form so the patient could still take their medication properly. **Great example, the patient might not get the benefit of the medication if it is not supposed to be crushed. That is unacceptable on the part of the nurse. Remember we are to always do what is the right thing to do for the patient. FB**

Week 10 - An ethical/legal issue I encountered was that my patient needed to go home with oxygen, but she is a heavy smoker and does not want to stop smoking anytime soon. We educated her on the risks of smoking around the concentrator and she said she would comply, but her daughter is scared that she will not be compliant. The ethical/legal issue is that should the hospital not send her home with oxygen because of the smoking risk but then you risk very low oxygenation levels.

Week 10 "U" Response – I will turn in my clinical tool and all corresponding assignments (ATI, VSim) on time in the future.

Objective

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

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2-5(b) Caitlyn, you do an excellent job working independently and taking initiative in completing nursing interventions for your patients. You are very organized and consistently well prepared. You took excellent care of your patients this week. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 3- 5b- You showed initiative this week and were able to perform a few new skills. You were able to discontinue an OG tube and straight-cath another patient. Nice work! BS

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

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Satisfactory in all areas, except excellent in Member of the profession: demonstrates professionalism in nursing. Student goals: "My goal for my next experience is to be more confident in what I know because I know more than I think." Additional Preceptor comments: "Tough day for continuity of care." BD/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:	S	S	S	S	S	N/A	S	N/A	S	S								
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	N/A	N/A	S	N/A	S	S								
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S								

*End-of- Program Student Learning Outcomes

e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	S	N/A	N/A	N/A	N/A	S	S								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S	N/A	S	N/A	S	U								
Faculty Initials	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB								

Comments:

Week 2-6(d) Caitlyn, great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 3- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your pathophysiology CDG this week. BS

Week 4-(6e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 5 (6c,f)- Satisfactory discussions via CDG postings related to your Infusion Center and Special Procedures clinical experiences. Keep up the good work! AR

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

Week 8 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical. Great job! 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

Week 10 ‘U’ Response – I will post my CDG on time and with correct citation.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid- term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	N/A	S	N/A	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	N/A	S	N/A	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	N/A	S	N/A	S	S								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	N/A	S	N/A	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	N/A	S	N/A	S	S								
Faculty Initials	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB								

Comments:

Week 2-7(d) Caitlyn, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

Week 3- 7d- "ACE" attitude shown at all times on the clinical floor. BS

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Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled “Nursing care practices for patients with pulmonary embolism undergoing treatment with ultrasound-assisted thrombolysis: An integrated review.” Excellent job! CB

Week 6 (7a)- Satisfactory discussion related to your Quality Department observation. Great job! AR

Midterm- You have done a great job during all clinical experiences during the first half of the semester! Keep up the great work as you complete the course. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
 AMSN
 2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
01/16/2024- 01/17/2024	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:

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

Student Name: Caitlyn Silas				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: 01/16/2024-01/17/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	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 may have also considered including decreased activity tolerance and deficient fluid volume. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem. You could have considered including cardiac arrest as well. Remember to include at least 3 signs and symptoms for each potential complication.
	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)	2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with all of your nursing interventions. The only additional intervention you may have wanted to include would be to monitor the patient's ECG rhythm continuously. This could be included with your cardiovascular assessment, but you would want to clearly
	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	

*End-of- Program Student Learning Outcomes

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	state this in your rationale.
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job! Remember that you are only required to complete a reassessment of the highlighted findings in the noticing boxes because these directly correlate to your priority nursing problem. I agree with your decision to continue the plan of care.
	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

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

Student Name: C. Silas

Clinical Date: 1/23-1/24/2024

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 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)	Total Points: 6 Comments: Nice job discussing what is happening at the cellular level in a patient experiencing acute hypoxic respiratory failure.
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 her diagnosis of acute hypoxic respiratory failure.
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: Good job providing relevant lab values and rationales for acquiring them. Normal ranges also provided, as was an explanation of how these values correlate with the current diagnosis.
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 her diagnosis.
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

• 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 her condition.
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: Nice explanation of your patient's past medical history and how it correlates to her diagnosis.
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: Great job of providing a prioritized list of interventions and providing rationales.
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: Good discussion of your patient's interdisciplinary team members and their role in her 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: Great work Caitlyn! BS

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	Date: 2/16/2024	Date: 2/26-27/2024	Date: 3/1/2024	Date: 3/15/2024	Date: 3/22/2024	Date: 3/28/2024	Date: 4/19/2024	Date: 4/19/2024
Evaluation	S	S	S	S				
Faculty Initials	AR	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)*					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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. 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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					Introduced self and role. Asked patient name/dob/allergies. Placed patient on 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
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	

*End-of- Program Student Learning Outcomes

	hearttrate 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			

*End-of- Program Student Learning Outcomes

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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Firelands Regional Medical Center School of Nursing

Skills Lab Evaluation Tool
AMSN
2024

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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