EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Briana Busby

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:
Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	N/A	N/A	N/A	N/A	N/A	**S**	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	~~N/A~~ S	S	S	N/A	N/A	**S**	S	S							
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S							
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	S	S	S	N/A	N/A	N/A	N/A	N/A	**S**	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	S							
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	N/A	N/A	~~NI~~ S	N/A	S	S	N/A	N/A	**S**	S	S							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	N/A	S	N/A	N/A	N/A	**S**	S	S							
Faculty Initials	**CB**	**CB**	**BL**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**								
Clinical Location	ICU	ICU	4P	QC/ CD	IC	SP				4N	3T							

Comments:

Week 2(1a,b,d,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the six rights of medication administration and utilized the BMV system. You did a great job responding to different alarms related to your patient's condition. CB

*End-of- Program Student Learning Outcomes

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, IV push, SQ, PO through an OG), following the six rights of medication administration. Great job! CB
Week 4-1(a-g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You administered PO, IV, IVP and SQ medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated great technique and dexterity. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL

Week 5 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Was able to witness Lexiscan, regular stress test, holter monitor reading, discussed definity, ST elevation MI, bubble studies, heart block EKG's." Great job! AR

Week 6 (1c,f)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in the following- actively engaged in the clinical experience and appropriate use of communication skills. Excellent in all other areas. Student started multiple IVs, saw blood and IVIG given." Great job! AR

Week 7 (1b,c)- Satisfactory during Special Procedures clinical experience and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Observed paracentesis and peritoneal cath placement, IV starts, and Infusaport access." 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	S	S	S	N/A	N/A	**S**	S	S							
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	S	S	S	N/A	N/A	N/A	N/A	N/A	**S**	S	S							
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
Faculty Initials	**CB**	**CB**	**BL**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**								

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

Comments:

*End-of- Program Student Learning Outcomes

Wk 1 2E: Cultural consideration I had for the patient were the older generation, and bar scene crowd. In particular the patient was a former bar owner and has a history of drinking, smoking, and using drugs. The substances that were used could relate to the obesity, HTN, ulcers/strictures, abd vomiting, hyperlipemia, and DM that effect his health.

Week 2(2a,e): You were able to correlate relationships between your patient's diagnosis, history, symptoms, and present condition to complete a pathophysiology, which you were Satisfactory on, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Wk3 2E: The social determinants of health for my patient could be education and access to healthcare. My patient was in the hospital in December, discharged home and was supposed to wear a BiPAP machine and take medications. Instead of wearing the machine she chose not to and said she would take her chances (she may have needed more education of risks and benefits of the machine. She was also not taking medications as prescribed and this may be because of the cost of the medications.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3(2a,e): You were Satisfactory on your care map, please see the grading rubric below. You do a great job respecting your patients and family's needs, ensuring that optimal care is provided around their needs. CB

Wk 4, 2dbc: Two priority nursing diagnosis/problems for my patient are impaired swallowing and impaired cognition. Potential risks for these problems include aspiration and falling. I would make sure my patient is sitting at 90 degrees when eating or drinking and swallows completely with small sips of thin liquid between bites. I would also make sure alarms are on and proper signage is posted inside/outside of room and reorient patient to the call light. I would recognize if there were an increase of coughing or choking. I would have suction available and use if needed. I would monitor vital signs including SpO2 and apply oxygen as needed and ordered. I would hear the alarms going off and respond immediately to help prevent falling. I would make sure call light is within reach and patient is oriented to the call light and need for calling for assistance. I would also have telesitter for this patient, which will remind and notify when needed.

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. BL

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

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

Comments:

WK 1 3C: when the patient refused a medication, I returned it so the patient will not be charged for it.

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

WK 3 3A: There was some confusing documentations done by some of the providers. In one area of the report they stated the patient was awake and responding while in another area of the same report it stated the patient was unresponsive and pupils fixed. Accurate charting is very important to keep everyone on the same page.

Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

WK 4 3b: I scanned all flushes and medications for my patient. I also used a stat lock for the foley. Foley care was completed. When attempting an IV, I was anticipating the use of a stat lock for the IV.

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

Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR

Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

*End-of- Program Student Learning Outcomes

Week 9 (3c) This competency was not discussed for this clinical experience, therefore it was changed to a NA. Make sure to self-rate on competencies that are completed during 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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
Faculty Initials	**CB**	**CB**	**BL**	**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:

WK1 4A: The patient was wanting specific testing that would not normally be done while inpatient. Instead of just ordering it and doing it, the doctors discussed the reasoning why it was done as outpatient and not indicated at this time.

Week 2(4a): In this situation, I would advocate for my patient and ensure that my patient is educated and understands the reasoning of why the doctor wouldn't grant their request. CB

WK3 4A: A possible ethical issue this week would be the nurse got the order for cath flow to get one catheter working at approximately 1000 but did not start it until around 1300. The patient had multiple things going in other catheters, but what if she started to decline and all accesses were needed. That one catheter that was needing cath flow was unable to be used in an emergency during that time. Bri, that is a great example of something that is an ethical issue that could easily become a legal issue. When obtaining orders, they should be carried out in a timely manner, so great job observing and knowing what should have been done. CB

Wk 4 4A: An ethical and legal issue this week is the primary nurse. The entire time we were on the floor, the primary nurse did not go into the patient's room yet documented that she had a discussion with the patient about the medications and he verbalized understanding. Another issue was that she was notified that an additional IV was attempted and was unsuccessful to help get the patient all of the IV medications at the appropriate time but did not attempt to assist in getting another IV and was "calling it a day" when potassium was going to given hours after it was needed. She was also aware of a high glucose level and did not give the insulin in a timely manner while we were at lunch. All of these things make an ethical issue of what is a priority for the patient or what is a priority for the nurse and an ethical choice of documenting untrue/undone interventions. These could all become a legal issue as well because it could mean there was falsifying documents and could potentially

*End-of- Program Student Learning Outcomes

show neglect. Briana, you did an excellent job this week caring for and advocating for your patient even when the primary nurse on Wednesday dismissed your concerns all day. You identified several ethical and legal concerns related to her behavior. Its extremely unfortunate that this nurse chooses to perform the way we witnessed and its very worrisome for patient care. As frustrating as it was to work with this nurse, I know you learned a lot about how to correctly prioritize interventions and care for your patient. Keep up all your hard work, you will be a great RN. BL

Wk 5 4a). During the cardiac diagnostic clinical, I was able to go to the cath lab and see a diagnostic cauterization. While the patient was on the table and the doctor was in the control room getting his apron on, he asked where the consent was. The nurse handed it to him, he looked it over and signed the form. This consent is the responsibility of the person performing the procedure to explain the risks benefits and the actual procedure. The nurse's responsibility is to make sure it is signed by all and witness the signatures. In the perfect world, the doctor would have gone over everything and had the patient sign the paper and then they would have signed the paperwork at the same time. This all would have been done in the presence of the nurse who then would sign as a witness. This situation is a legal and ethical issue if not correctly completed. This is a great example! AR

Week 6 4A. During the infusion clinical, we discussed how the appointments worked and what was needed prior to the person coming in for an appointment. We discussed how in order for the person to have an appointment, there are things that need to be completed prior to including: an order for the medication, a prior authorization for the medication, and any labs required need to be completed and received. If one of these steps are not completed, they cannot make an appointment. An issue with that is if a person has been coming for a while and then changes insurance and the insurance does not give a prior authorization, they are still not able to make an appointment until that is completed. The nurse knows it is what the patient needs but without the steps being completed it cannot happen. Perfect example! AR

Week 7 4A. During this week there were consents that needed signed just as the week before. So, in light of that I will discuss another issue that could potentially become an issue with the consents. This week a patient was on the schedule for both a paracentesis and a thoracentesis. Even though the same doctor would be performing the procedures and on the same visit, there needed to be two consents signed prior to the procedures. The two consents would be for the two different procedures and also because the two procedures were ordered by two different providers, they were technically two different accounts. I am not sure how the two different accounts work, but I understand the two different orders and two different consents. These could be legal issues if not completed correctly. Another issue could be if the patient was medicated and was not able to give consent. For example, if the patient was given Ativan prior to the procedure, the patient would not be able to give consent and if the patient, nurse, and doctor signed the consent with the patient being under the influence of the medication that could not only be a legal issue but an ethical issue. Very interesting situation and perfect example! AR

Week 9: During this clinical week, my patient was getting antibiotics via IV. At the end of his zosyn bag and before his vanco bag began the patient began to complain of tenderness where his IV was. There were no signs of symptoms of infiltration or iv complications but the area was a little tender and in the AC. With the location being there, the catheter could have bent and been a little irritated from the bending of the arm. I knew that Vanco was a vesicant and if there was any question of the patency and security of the IV this medication was not one to attempt. I decided to start a new IV and discontinue the old IV. This was ethically the right choice to make. Great example, we should be listening to patient concerns and acting on them to the best of our ability. 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: This week there were a couple legal and ethical issues that came up. One issue was the blindness of the one patient. He was in need of a blood transfusion and was unable to see to sign the paperwork. In this case he verbalized the consent and his POA daughter also consented to the transfusion, which then was witnessed by two nurses. Another ethical issue was that before he and his daughter talked and consented to the blood transfusion, the patient was refusing to have more blood work and testing done. Although the patient was in need of this (type and screen) he had the right to refuse and we had to abide by his wishes even if we disagreed with his choices.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:
WK1 5C: yellow socks were worn while ambulating and making sure wires were out of the way while ambulating was promoting safety for the patient. Discussing why NPO status and administering the 6 rights when passing medication and explaining what the medications were for ensured safety.

*End-of- Program Student Learning Outcomes

WK 1 5E: I also made sure to use caps on the IV, use gloves, check ID, foam in and out.
Week 2(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB
Week 3(5a): Bri, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

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

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

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Excellent in all areas. Student goals: "For next experience my goal is to manage multiple patients with good time management (including meds, assessment and care)." Additional Preceptor comments: "Briana demonstrates professionalism with surrounding staff members and patients. Briana is not afraid to ask questions and shows self-confidence with patient care." SY/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	N/A	N/A	**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	N/A	N/A	**S**	S	S							
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	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	S							

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2(6a,c): Bri, great job this week collaborating with the bedside RN that was caring for your patient. You did a great job communication of things related to your patient and orders that were questionable due to testing and downtime. CB

WK 3 6A, B, and C: Partnering with another nurse was helpful in repositioning pt. Also, communicating with other departments (resp) about the need for suction and reinflating the balloon on the ET tube was helpful and very important to maintain proper oxygenation and perfusion. Communicating with the patient and family and explaining what was going on when needing repositioned or suctioned was helpful in decreasing anxiety and fear for all.

Week 3(6a,b,c,d,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Great job delivering a hand-off report, you scored 28/30 according to the 4T hand-off report rubric. Always remember to give detailed information on changes that your patient has had (extubated and reintubated), and also include history, labs, and diagnostic testing that is pertinent. You obtained a "NI" for your CDG due to not including an in-text citation. Please ensure that while completing any CDG, you have the grading rubric available to reference, so nothing is missed, CB

Wk 4 6abcdf: I will look over all rubrics when completing assignments prior to submitting assignments.

Week 4-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 5 (6f)- Excellent job with both CDG's this week! Your postings were in-depth and provided complete and accurate information. Keep up the great work! AR

Week 6 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Week 7 (6f)- Satisfactory CDG posting related to your Special Procedures experience. Keep up the great work! AR

Week 9 (6d) Satisfactory completion of an effective and concise hand-off report 30/30 points. RN comments: "Nice job! On-coming RN-Very good job!" SY/FB (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	N/A	N/A	**S**	S	S							
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S							
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	S	**S**	S	S	S	N/A	N/A	**S**	S	S							
Faculty Initials	**CB**	**CB**	**BL**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**								

Comments:

Week 3(7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Preventing Hospital-Acquired Pressure Injuries." Excellent job! BL

Week 5 (7a)- Excellent CDG posting related to Quality Assurance/Core Measures observation. Keep it up! AR

*End-of- Program Student Learning Outcomes

Midterm- Great job during the first half of the semester. Keep up the good work as you complete the course! 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	FB	CB/BS	BL	AR	FB/BL/ CB/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

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

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

*End-of- Program Student Learning Outcomes

Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/23-24/2024	Impaired Gas Exchange	S/CB	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: Briana Busby **Date or Clinical Week:** 1/23-24/2024				**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	Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. Remember to only include abnormal findings. A couple of suggestions I would have for this section of the care map would to place the glucose and sputum findings under the diagnostic and lab section, and mechanical ventilation, immobility, and restraints are assessment findings.
	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 all nursing priorities that were appropriate for your patient. You highlighted all appropriate findings in the noticing boxes, my only suggestion is that a low Hbg correlates to impaired gas exchange. You did a great job listing potential complications and s/sx of each.
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did an excellent job listing nursing interventions that were

*End-of- Program Student Learning Outcomes

ponding	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	relevant to your patient. They were prioritized, included a frequency and rationale, and they were realistic for your patient. Great work!
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on abnormal assessment findings. In this section it is not necessary to list the highlighted risk factors because these will not change. Continuing the plan of care is appropriate for your patient.
	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: **Bri, you did a great job on your care map for 4T. You were thorough and included appropriate data that correlated with a priority problem of impaired gas exchange.**

Total Points:
42/42

Faculty/Teaching Assistant Initials:
CB

*End-of- Program Student Learning Outcomes

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

Student Name: **Briana Busby** **Clinical Date:** **Jan. 16-17, 2024**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points: 4** **Comments: You provided a description of your patient's current diagnosis and past medical history, good job!**
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)-3	**Total Points: 3** **Comments: Although you explained what happens in the vessels during hypertensive crisis, you need to explain more in depth what is going on at the cellular level in the body.**
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-0	**Total Points: 4** **Comments: You were able to explain your patient's signs and symptoms, what signs and symptoms are expected with the diagnosis of hypertensive crisis, but you did not explain how all of the patient's symptoms correlate with the current diagnosis.**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3)-1 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3	**Total Points: 10** **Comments: You did not explain all of the relevant labs related to the diagnosis. Labs including K+, Mg, Na, BUN/creatitine, and cholesterol. Also, you explained that the troponin was elevated, but you never gave a value. You included how the labs correlated with hypertensive crisis, and what lab values should be without 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)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-0 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3	**Total Points: 9** **Comments: You included relevant diagnostic test that were relevant for the diagnosis with a rationale and how they correlate. You did not include what a normal diagnostic test result would be in the absence of the current diagnosis.**

*End-of- Program Student Learning Outcomes

6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**Total Points: 9** **Comments: Good job listing all medications with a rationale and how the medications correlate with the diagnosis.**
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: You provided all pertinent medical history and an explanation of how it correlated to the current 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: 5** **Comments: You provided appropriate interventions related to the current diagnosis, but not all interventions were prioritized. Remember to always assess first, then perform interventions, and then educate.**
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: 5** **Comments: Great job listing interdisciplinary team members that were involved in your patient's care and what each of their roles were. You listed case management as someone that should be involved, others that could be involved could be diabetic educator and cardiac rehab.**
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: 53/65** **Comments: You are Satisfactory on your pathophysiology. Suggestions were made for each section. Just for future purposes, placing lab values and diagnostic testing in a table and following the rubric could help to ensure that nothing is missed or forgotten. Also, make sure that the appropriate data is placed in the right section, example diagnostic test under labs. CB**

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	AR	AR	AR	FB				
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA				

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Briana Busby, Olivia Arthur, Keyara Schneider, Lyndsey Sitterly
*End-of- Program Student Learning Outcomes

GROUP #: 5
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/27/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient heartrate of 48. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 89% on room air. Noticed patient's complaints of being "tired". Noticed patient has a cough. Noticed patient's heartrate of 166 and that EKG is abnormal. Noticed patient's low blood pressure 90/53. Noticed patient's low SpO2 89% 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 patient's heart rate. Interprets Atropine dose as 1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease patient's heart rate. Interprets diltiazem dose as 25mg IV bolus to be given over 10 mins, then diltiazem drip to be given 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. Interprets patient is pulseless. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes.
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. Places patient on the monitor. Obtains vital signs 99.4-49-16-106/64. SpO2 92%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a pain/cardiovascular assessment (including detailed questions about cardiovascular history and medications). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed vital signs. Provided education to patient on reason for atropine and possible side effects of medication. Notified the healthcare provider of patient's continued decreased heart rate and EKG rhythm changes (2nd degree type 2 and 3rd degree heart block). Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm (atrial fibrillation), and complaints of "there

*End-of- Program Student Learning Outcomes

	is a horse in my chest that is going to gallop out". Administers diltiazem 25mg IV bolus and then continuous drip of diltiazem 10mg/hr. for increased heart rate and EKG rhythm- reassessed patient and vital signs. Notified healthcare provider of patient's sustained heart rate and rhythm with decreased blood pressure. Administers Normal Saline 0.09% 500mL bolus for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 4L per nasal cannula. Notified healthcare provider of patient with signs and symptoms of fluid overload. Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Notified healthcare provider of patient with no pulse when code blue called. Begins CPR. Applied fast patches to patient. Administered Epinephrine 1mg IV push. Defibrillates patient, continues CPR.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: 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

*End-of- Program Student Learning Outcomes

Scenario Objectives: • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: 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!

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

*End-of- Program Student Learning Outcomes

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/13/2023

*End-of- Program Student Learning Outcomes