

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

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:	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S								
c. Evaluate patient's response to nursing interventions. (Reflecting)	N/A	N/A	N/A S	S	S	S	N/A	N/A	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
e. Administer medications observing the six rights of medication administration. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	CB	BL							
Clinical Location	QA/Core Measures & DH 1/16-1/17	N/A	Pt Advocate/ Discharge Planner & Quality Scavenger Hunt	4N	3T	3T	N/A	N/A		4C	4P							

Comments:

Week 2 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 4 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas."
Great job! AR

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

Week 6 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 7 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

*End-of- Program Student Learning Outcomes

Week 9(1a,b,c,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient's response to those interventions. You did a great job administering medications this week (PO via an OG tube, IV, IVP, and SQ), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB

Week 10-1(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. All head to toe assessments were very thorough and well done. Your medication passes were safely done following the six rights. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated great technique and dexterity. Great job monitoring your patient very closely to ensure positive patient outcomes. You handled yourself very well while dealing with a critical situation. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

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

Comments:

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d)- This competency was changed to a S because you are prioritizing the plan of care as you deliver care, perform tasks, perform medication administration, and other nursing interventions. FB

Week 6 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 7 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Week 9(2a,b,c,d,e): Elizabeth, great job this week using clinical judgement while gathering information on your patient, and formulating a care map that included potential risk. You were Satisfactory on your care map, please see the grading rubric below. You were able to recognize changes in your patient from day one to day two of clinical and prioritize care related to those changes. You did a great job respecting your patient and her family. CB

Week 10-2(e) Great job this week in debriefing discussing social determinants of health that may have impacted your patient's health, well-being, and quality of life. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation experience. Great job! AR
 Week 4 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Great job! AR
 Week 5 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. (3c) This competency was changed to a NA because fiscal responsibility was not discussed in correlation with this clinical rotation. FB
 Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB
 Week 7 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients and the priority patient of assigned patients. Keep up the great work! FB
 Week 9(3c): Great job discussing in debriefing ways you demonstrated fiscal responsibility during the clinical day. Competency 3b was changed to “S” because you participate in standards are care when documenting and performing interventions for your patient. Competency 3e was changed to a “NA” due to being for patient management. CB
 Week 10-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Wk 2 4a: During DH clinical a patient informed the physician that she would like a local anesthetic d/t having rxns in the past to general anesthesia and having to be admitted for several days in the hospital. The physician kind of just brushed the patient off and had the patient sign the consent and told her that he would see her in about a half hour for a procedure without discussing further anesthesia options. This could be an example of legal and ethical as it may turn into legal and ethical as he may cause harm d/t negligence of disregarding the patient. **Great example of ethical and legal; not good for the patient or those healthcare professionals who didn't do as they should. AR**

Wk 4 4a: There wasn't any legal or ethical issues observed during this clinical, but the discharge planner did provide great examples for me. An example for legal, would be ensuring a patient has adequate community resources to prevent further hospital admissions/readmissions as well as ensuring their healthcare is full circle for the patient. In other words, the hospital wants to know they are stable inside and outside of the hospital thus preventing readmissions, further decline in health etc. If the hospital did not have this set-in place this could become a legal issue depending on the patient at hand. **Great example! AR**

Wk 5 4a: An example of an ethical issue during clinical was having inadequate staffing thus patient assignments would be larger for each nurse and the patients potentially suffering from inadequate nursing care. This issue was fixed by sending a float nurse to take on the extra patients which prevented any other issues with patients. **Great example, especially pertinent if there is a negative patient outcome that results. FB**

Week 5 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Wk 6 4a: An example of an ethical issue I personally witnessed was when I was checking one of my pts IV pumps their D5W was running at a faster rate than it was prescribed this creates a healthy and safety issue which could potentially turn into further issues very quickly. I quickly noticed this, changed to the prescribed rate, assessed my patient, and notified their beside nurse as well. If the 5 five rights of medication administration were followed by the nurse who administered this, it could have prevented the medication error. **Great example, medication errors are the number one cause of negative patient outcomes for patients. A medication error can lead to extended hospital stay or even worse a negative change in patient status. FB**

Wk 7 4a: During clinical this week I witnessed a few issues. One being legal in regard to the patient wanting to sign on with Hospice but his ex-wife who was one of the two POAs he had did not want him to or to change his code status. An ethical issue was once again recognizing a med error. The previous nurse was notified in shift report that a medication was d/c'd and this also reflected in the MAR. This said nurse disregarded what the nurse had notified them of, and physician orders. This medication was a potent medication so it could have resulted in

*End-of- Program Student Learning Outcomes

severe harm. After all that the nurse I was with did report it as a variance but once again if the medication administration rights were followed it could have been prevented. Medication errors are one of the reasons patients have negative outcomes and have an extended length of stay in the hospital. The rights of medication administration should be followed at all times. FB

Wk 9 4a: An example of a legal and ethical issue does not include my patient but another students. Their patient was ultimately brain dead and Lifebanc was in to speak with the pts family. The patient was divorced so his next of kin was his 19 y.o. daughter. For a 19 y.o. with psych issues this was and is an extremely difficult decision as it would be for any teenager to take their father of a ventilator and have his organs donated. If the hospital and staff for Lifebanc did not follow the order of speaking with the next of kin they could have run into several issues. Elizabeth, this is a great example. As a nurse or anyone, no one wants to put the burden of making that decision on a 19-year-old, but ultimately that is who has to make it because of being the oldest child. This is always why you want to make sure that you have DPOA paperwork on file and that someone who is capable of making those decisions are in charge. CB

Wk 10 4a: I witnessed several legal and ethical issues during clinical this week. One being my patients code status with is being on the more ethical side. The patient came in as a full code with a previous diagnosis of pulmonary fibrosis and already was not doing so well. The patient and patient's family were educated on the different code statuses and ultimately made the decision to change his code status from full code to a DNRCCA with intubation. This is an ethical issue because the physician who was taking care of said patient did what was morally right for the patient and educated him and his family but of course still left the final decision up to him. Great example, Elizabeth. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

*End-of- Program Student Learning Outcomes

Comments:

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

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Satisfactory in all areas. Student goals: “Don’t be afraid to ask questions-remember that I am learning and you never know until you ask.” No additional Preceptor comments. MG/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Satisfactory in all areas, except excellent in demonstrates professionalism in nursing. Student goals: “find a way to communicate with patient while not getting “stuck” in the room for an extended period of time. It is nice to let the patient communicate about everything and anything but understand I still have things I need to do/complete in a timely manner.” No additional Preceptor comments. BD/FB Reported on by assigned RN during clinical rotation 2/14/2024- Satisfactory in all areas, except excellent in demonstrates prior knowledge of departmental nursing responsibilities and demonstrates professionalism in nursing.” Student goals: “Be more confident in myself.” No additional preceptor comments. BD/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas. Student goals: “Not to be so overwhelmed with am charting.” Additional Preceptor comments: “Did a great job. Confident and knew when to ask for help. Did great with English speaking patient and urgent needs of others.” PW/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: “Graduate!” Additional Preceptor comments: “Did great managing 4 patients and handling critical needs. Will make a great addition to any floor.” PW/FB

Week 9(5c,e): Great job in debriefing this week discussing ways that you created a culture of safety for your patient and EBP tools that you utilized that support safety and quality. CB

Week 10-5(b) Elizabeth, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You are organized and consistently well prepared. You took excellent care of your patient this week. BL

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	N/A	S	S	S	S	N/A	N/A	S	S	U							
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)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S	U							
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	N/A	S	S	S	S	N/A	N/A	S	S	U							
d. Deliver effective and concise hand-off reports. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S	U							
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A	S	S	U							
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	N/A	S	S NI	S	S	N/A	N/A	S	S	U							

*End-of- Program Student Learning Outcomes

Faculty Initials	AR	AR	AR	FB	CB	BL													
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Comments:

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

Week 4 (6c,f)- Satisfactory discussions related to both clinical experiences this week; Patient Advocate/Discharge Planner and Quality Scavenger Hunt. Keep up the great work! AR

Week 5 (6f)- This competency was changed to a NI because you did not follow the CDG rubric with a word count of 250. Your word count was 168. Make sure to follow CDG rubric for all discussion posts. FB I apologize, and thank you! I will improve upon this by completing the requirements per the CDG rubric and ensuring all standards are met by the next due date.-EM

Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. No comments provided. BD/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

Week 9(a,c,e,f): Great job this week collaborating with peers and bedside nurse to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB

Week 10-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 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! 6(a-f) You did not self-rate any of the competencies for Objective 6; therefore, these competencies had to be evaluated as “U.” Please be sure to address these “Us” next week according to the Performance Code guidelines on page 2 of this document. BL

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

Comments:

Week 2 (7a)- Satisfactory discussion via CDG posting related to your Quality Department observation. Keep up the good work. AR

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

Week 9(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 10-7(a,b) You researched and summarized an interesting EBP article in your CDG titled “Male External Catheter Care and Maintenance.” Excellent job! BL

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
03/12-13/2024	Ineffective airway clearance	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:

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

Student Name: Elizabeth McCloy		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: 03/12-13/2024							
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	You did a great job identifying abnormal assessment findings, lab findings and diagnostic tests for your patient. For assessment findings I would have included tube feeding, HR, B/P, and vent settings. Make sure when listing assessment findings you are specific (ex: exact urine output, where are the pulses weak). I would have included the sinus bradycardia and the gastric residual under assessment findings not diagnostic/labs. You also did a great job identifying 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	2	Great job listing appropriate nursing priorities/problems for you. You chose an appropriate nursing priority, although impaired gas exchange was what your patient's top priority. Under diagnostic and lab findings I would have highlighted the patient's troponin level, WBC, BNP, and BUN. I would have also highlighted the history of atrial fibrillation. You did a great job identifying potential complications, but your patient's respiratory status is already altered, so that is not a 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	2	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Overall, the nursing interventions are done well. Although, assessment of lung sounds, IV sites, neuro and abdominal assessments, and administration of medications (sedatives, breathing treatments, steroids, ATB, chlorhexidine) should have been included. You did a
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	good job including a frequency, rationale, and each intervention was realistic for your patient.
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	When completing the reflecting portion of a care map, reevaluate all highlighted findings from the 1 st two boxes (assessment findings and lab/diagnostic) even if they are unchanged. I agree with your evaluation to modify the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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.</p> <p>Faculty/Teaching Assistant Comments: Elizabeth, you were Satisfactory with your care map. Please review my feedback for each section. CB</p>						<p>Total Points: 36/42</p> <p>Faculty/Teaching Assistant Initials: CB</p>	

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

Student Name: Elizabeth McCloy

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) 	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 	
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>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)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: Comments:</p>

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): E. McCloy, K. Elmlinger, Jaden Ward, M. Whittaker

GROUP #: 3

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/26/2024 1230-1430

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Patient identified. Notices patient is complaining of being tired and nauseous. FSBS 124. Notices bradycardia. Notices low SpO2. Patient CO dizziness and nausea. Notices a rhythm change. Another rhythm change noticed.</p> <p>Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing. Notices patient's BP has lowered.</p> <p>Notices patient is unresponsive, code blue called.</p>
<p>INTERPRETING: (1,2) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Heart rate and blood pressure interpreted as being below normal. First rhythm change interpreted as 3rd degree block, later determined to be 2nd degree heart block type 2.</p> <p>O2 saturation interpreted as low, HR interpreted as high. Rhythm interpreted as v-tach, changed to sinus tach. (It was a-fib) BP interpreted as being low. Interprets the need to recheck BP and lung sounds. Lung sounds interpreted as crackles.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.</p>
<p>RESPONDING: (1,2,3,5,6,7) *</p> <ul style="list-style-type: none"> • 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 <p style="text-align: center;">B</p>						<p>Questions asked to determine orientation. HOB elevated. O2 applied. Call to provider, reports hypotension and bradycardia, requests fluid. Suggests atropine, provides dose. Orders received and read back. Patient informed of new orders. Atropine prepared, patient identified, atropine administered, and IV fluid started. Call to provider to report lower HR, 3rd degree heart block- determined to be a 2nd degree type 2 AV block. Suggests cardioversion, epi drip.</p> <p>Oxygen applied due to low SpO2. Patient encouraged to cough, bear down. Call to provider, gives vitals and requests orders. (Give some assessment information). Reports v-tach- sinus tach. (it's a-fib). A-fib reported. Diltiazem recommended, dosages provided. Order received. Patient identified, diltiazem bolus and drip initiated. Call to provider. Recommends fluid bolus. Order received, read back. Fluid bolus</p>

*End-of- Program Student Learning Outcomes

	<p>initiated. BP and lung sounds reassessed. IV fluid stopped in response to crackles in lungs.</p> <p>CPR initiated, delay in applying fast-patches, shock delivered, CPR. 2nd shock delivered. EPI Q3min. (remember to also address the airway when doing CPR).</p>
<p>REFLECTING: (1,2,5) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication.</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Discussed the importance of not being in contact with any part of the patient of the bed when delivering a shock. Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p>

*End-of- Program Student Learning Outcomes

<p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • 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)* 	<p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p>You are satisfactory for this simulation. Nice work! BS</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

*End-of- Program Student Learning Outcomes

**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