

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:	NA	S	S	S	S	S	NA	NA	BS	NA	NA	NA						
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	NA	S	S	S	S	S	NA	NA	BS	NA	NA	NA						
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA S	S	S	S	S	S	NA	NA	BS	NA	NA	NA						
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	S	S	S	S	NA	NA	BS	NA S	NA	NA						
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	S	S	S	S	NA	NA	BS	NA	NA	NA						
e. Administer medications observing the six rights of medication administration. (Responding)	NA	S	NA	S	S	S	NA	NA	BS	NA	NA	NA						
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA S	NA	S	NA	NA	NA	NA	NA	BS	NA	NA	NA						
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	NA	S	S	S	NA	NA	BS	NA	NA	NA						
Faculty Initials	AR	AR	AR	CB	BL	BS	BS	BS	BS	AR	AR							
Clinical Location	DH/CD	IC	QC/SP	4T	4P	4T	Sim			PD	NA	NA						

Comments:

Week 2 (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Preceptor comments: “Excellent in all areas. Saw 2 stress tests (GXT) and cardiac cath. She was very engaged and asked very insightful and probing questions! Emily is one of the most engaging students I have ever had!!” (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 3 (1c)- Satisfactory Infusion Center clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas”. Student asked questions, witnessed blood admin., IVIG, bi nephron tube dressings”. Great job! AR

Week 4 (1b,c,f)- Satisfactory Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. IV attempts, HD cath insertion, coronary cardiac CTA, paracentesis. Nice job.” Keep up the great work! AR

Week 5(1a,b,c,e,g) Good job this week managing complex patient care situations. Your head to toe assessments were thorough, interventions were implemented based on findings, and you were able to evaluate your patient’s response to those interventions. All six rights of medication administration were followed during all medication passes. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

Week 6-1(a-e, 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. Great job monitoring your patient closely to ensure positive patient outcomes. BL

Week 7- 1a-e,g- Nice work this week assessing and providing care your patient this week. You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. Medications were all administered using several routes (OG, IV, IVP, SQ) while observing the six rights. The care you provided was timely and documented well. BS

Week 9 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Emily asked questions and seemed to understand the role of an advocate well”. Great job! AR

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

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

Comments:

Week 5(2e): You did a great job participating in debriefing discussing cultural diversity and racial inequalities that were related to your patient. CB

Week 6-2(a) Excellent job utilizing your clinical judgment skills to correlate relationships among your patient's disease process, history, symptoms, and present condition. Please refer to the Pathophysiology Grading Rubric for my feedback. 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

Week 7- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your care map. Please see rubric below for feedback. 2b,c,d- Nice job choosing two priority nursing diagnoses for your

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patient during debriefing. Good job also of discussing monitoring for potential risks, anticipating early complications, and taking actions when there is a change in condition. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 3 (3c)- Satisfactory discussion via CDG posting for Infusion Center clinical. Keep up the great work! AR

Week 4 (3b)- Satisfactory during Quality/Core Measures observation experience and with discussion via CDG posting. Keep up the great work! AR

Week 5(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 6-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Week 7- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. BS

Week 9 (3b,c)- Satisfactory during Quality Scavenger Hunt and with documentation. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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Objective

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

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

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

Comments:

DH Legal/Ethical: An example of a legal or ethical challenge was when we had to start an IV on a patient who came in with wrist and ankle cuffs from prison. The patient was followed in by a police officer and came to the hospital for a procedure. This was an ethical issue I observed because the patient had to be taken out of their orange jumpsuit and handcuffs before we could start an IV on them. A police officer was also monitoring the patient while we were starting the IV on them. **Great example. AR**

CD Legal/Ethical: An example of a legal or ethical challenge I observed during my cardiac diagnostics clinical was when a patient came in for a stress test and couldn't meet the requirements for their work guidelines. The nurse had to have a conversation with the patient that they would have to lose weight and redo their stress test. They also had a conversation about having to receive medical counseling for weight loss to meet their workplace health requirements. **AR**

IC Legal and Ethical: An example of a legal or ethical challenge I observed during my infusion center clinical was when the preceptor and I were working with a patient who was on lifelong treatment. They had a chronic illness and the preceptor explained to me that the patient must spend a great amount of time in the facility receiving treatment just to be able to live on their own at home or just to function normally. They explained to me that the patient was willing to give up a chunk of their life to prevent losing their ability to function. The treatment was uncomfortable for the patient, but it brought me comfort knowing that the patient was able to live out their life on their terms and independently. **Perfect example. AR**

QC Legal and Ethical: An example of a legal or ethical challenge I saw during my quality assurance clinical was the explanation of false documentation. The director explained that if documentation doesn't follow according to the facility's policies or corners are cut with falsifying documentation, there could be a liability against you as a nurse, and your license. It was explained to us that patients can sue, and this should be taken into consideration with proper documentation if you must testify in court. **Great example! AR**

SP Legal and Ethical: An example of a legal or ethical challenge that I saw during my special procedures clinical was a patient who was becoming combative due to their inability to manage pain with their existing fistula. The nurses were attempting to start an IV on the patient, causing them more pain. This to me is an ethical dilemma of nonmaleficence, providing care without harm for a positive outcome. **This is a very difficult situation. Thanks for sharing. AR**

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4T Week One Legal and Ethical: An example of a legal or ethical challenge that I saw during my first week in the ICU is that our critically ill patient had multiple medicinal therapies and interventions to help them maintain homeostasis in their compromised state, and they didn't have health insurance. To me, this was a big deal because it reminded me as a student to always be cognizant of charging my patients the resources that were utilized. They were also going through withdrawal, so not having health insurance on that journey would make it more difficult. **Great thought. This could become an issue if care was not being provided due to the fact the patient had no insurance. CB**

4P Week Two Legal and Ethical: An example of a legal or ethical challenge that I experienced during my second week on a critical care unit is when my patient had an extensive history of health issues, and they had no friends or family to come and be next to them during their hospital stay. They did express to me that they wished they had more family near to be with them because of the emergent health situation they had gone through two days prior had scared them. This reminded me to be grateful for the family that I have with me now. **Great thought, Emily. It would be in the best interest of the patient to establish a POA. There could be many ethical issues that arise if she is ever unable to make decisions on her own behalf. BL**

4T Week Three Legal and Ethical: An example of a legal or ethical challenge that I experienced during my third week on the critical care unit is when my patient was struggling with a multiple diagnosis and was at a point to discontinue parts of their care. This step in their care could've been lethal and due to this their family came in to sit with my patient. The family was visibly upset by my patient's decision, and they were struggling to cope with the anticipatory grief. **Yes, this is a tough situation to deal with. Luckily for the patient, her family seems strong in the sense that they will honor her wishes. Many family members are unable or unwilling to do this, and it causes a lot of turmoil. Often times the family members are bickering over what to do, meanwhile their loved one gets ignored at a time when they really need their loved ones the most. BS**

PD Week Nine Legal and Ethical: An example of a legal or ethical challenge that I witnessed during my patient advocacy clinical is when two children of a patient had to make the decision to take their parent off the vent. I wasn't expecting to see this happen in person, but seeing their pain and knowing I couldn't do anything to take their pain away was hard to watch. Both kids were young, and the daughter was the POA. This made me reflect on the importance of patient advocacy, and honoring end of life decisions. **This is a great yet sad example of how important the patient advocate is to our patients/families and organization. AR**

Week 9 (4c)- You have received an unsatisfactory due to not completing the Quality Scavenger Hunt survey or CDG by the due date and time. Be sure to properly address this U by following the directions on pgs 1-2 of this tool. AR

U: I take responsibility for my unprofessional manner of not complying with the CDG guidelines in a prompt time. To prevent this recurrence, I will be sure to read over all of my responsibilities placed on and expected of me as a student. **Thank you. I have changed your "NA" to a "S" for this week because you have accurately addressed the "U". AR**

QSH Week Nine Legal and Ethical: During my quality scavenger hunt, a legal challenge I witnessed was the improper use of labeling and the lack of implementation thereof. As we've learned, VAP and CAUTIs are imperative to maintaining the fiscal integrity of the hospital organization. Without the proper use of labels on Foley catheters and IVs, this brings up challenges in decreasing the patient length of stay and readmission rates. **Such important "little" things that make a huge difference to our patient outcomes. AR**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

NI: I believe my overall rating for this week should be rated at an NI due to my lack of accountability as a student to prepare properly for clinical. I didn't read the instructions previously to my QC clinical, causing interruptions for the clinical instructor. To further prevent this, I will set a reminder on my phone to look over clinical instructions the day before. **Thank you for taking the responsibility to do this. AR**

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 5(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. You were also able to discuss actions you took to create a culture of safety in your CDG. CB

Week 7- 5b,c- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. Keep it up! You did a nice job during debriefing of discussing actions you took this week to create a culture of safety for your patients. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	BS	S	NA	NA						
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)	NA	NA	S	S	S	S	NA	NA	BS	NA	NA	NA						
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	BS	S	NA	NA						
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	NA S	S	S	NA	NA	BS	NA	NA	NA						
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S	S	NA	NA	BS	NA	NA	NA						
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S NI	S	S	NA	NA	BS	S U	NA	NA						
Faculty Initials	AR	AR	AR	CB	BL	BS	BS	BS	BS	AR	AR							

Comments:

Week 2 (6f)- Satisfactory CDG posting regarding your Cardiac Diagnostics clinical experience. Keep up the great work! AR

Week 3 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 4 (6f)- Satisfactory with both discussion group postings related to your Special Procedures and Quality/Core Measures experiences. Keep up the great work! AR

Week 5(a,c,d,e,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 detailed and completed on time. I changed competency 6d to a “S” because you reported to the bedside frequently. Your CDG was rated as “NI” due to not following the directions regarding the EBP article. CB

NI: I acknowledge and take responsibility for my misreading of CDG rules and requirements. To prevent this from happening again, I will slow down and give myself more time to understand what the question is asking of me in order to answer it appropriately. BL

*End-of- Program Student Learning Outcomes

Week 6-6(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! BL

Week 7- 6 a,b,c,e,f- Great job working together with your assigned nurse, fellow students, and staff to achieve positive patient outcomes and provide quality care. Very good job on your hand-off report during debriefing also. Great job also with documentation in the electronic health record. BS

Week 9 (6c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. (6f)- Your CDG posting regarding your Patient Advocate/Discharge Planner clinical was satisfactory, however you have received an unsatisfactory because you did not complete the CDG for your Quality Scavenger Hunt clinical. The CDG must be completed by Friday, 3/22/2024 at 0800. Be sure to properly address this U according to the directions on pgs 1-2 of this tool. Failure to do so will result in continued unsatisfactory evaluations until complete. Please let me know if you have any questions or concerns. AR

U: I acknowledge and take responsibility for my misreading of the CDG guidelines. To prevent this, I will be sure to check my clinical schedule with the allotted CDG to prevent another hour of clinical missed. **Thank you for addressing this issue. AR**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 (7a)- Satisfactory CDG posting related to your Quality/Core Measures observation. Great job! AR

Week 5(7a,b) You researched and summarized an interesting EBP article in your CDG titled "Pharmacological options for treating delirium in critically ill adults." Nice job! CB

Week 7- 7d- Great attitude during clinical this week. Keep it up and good luck the rest of the semester. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/20-2/21/2024	Impaired gas exchange	Satisfactory BS	NA BS

** 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: E. Litz		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: Week 7							
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	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors.
	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	Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included. I took one point off because I thought there were a few items highlighted that weren't really related.
	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)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with interventions! I might prioritize these a little differently, but your patient had multiple problems occurring at the same time, which makes prioritization somewhat difficult.
	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	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

	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	Nice work on your evaluation also. All highlighted assessment findings properly reevaluated.
	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: Well done. Great job on your care map, Emily! BS</p>							<p>Total Points: 40/42 Satisfactory</p>
							<p>Faculty/Teaching Assistant Initials: BS</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: Emily Litz

Clinical Date: 2/13/24-2/14/24

<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)-2 • Past Medical History (2)-2 	<p>Total Points: 4 Comments: Great job providing a description of your patient's current diagnosis and past medical history.</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)-6 	<p>Total Points: 6 Comments: Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis (Atrial Fibrillation).</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)-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)-2 	<p>Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with all her presenting signs and symptoms.</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)-3 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3 	<p>Total Points: 12 Comments: Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.</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)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3 	<p>Total Points: 12 Comments: All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.</p>
<p>6. Correlate the patient's current diagnosis with all related</p>	<p>Total Points: 9</p>

<p>medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3 	<p>Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</p>
<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)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2 	<p>Total Points: 4 Comments: Great job!</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)-6 	<p>Total Points: 6 Comments: Excellent job with your nursing interventions. One other important intervention that you would have wanted to include would be to monitor the patient's ECG rhythm.</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)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2 	<p>Total Points: 6 Comments: Great job!</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: 65/65 Comments: Satisfactory pathophysiology. All components were very detailed and thoroughly completed. Excellent job! BL</p>

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2024
Simulation Evaluations

vSim Evaluation								
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory	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	BL	BS	BS	AR	AR			
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): Emily Litz, Elaynah Noftz, Taylor Whitworth, Shyanne Phillips

GROUP #: 6

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/27/2024 1000-1200

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>Noticed patient heartrate of 47. 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 “weak and tired”.</p> <p>Noticed patient has a cough. Noticed patient’s heartrate of 146. Noticed patient’s low blood pressure 94/54. Noticed patient’s low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus.</p> <p>Noticed patient not responding to introduction. Noticed patient’s heartrate on the monitor is 0.</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>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. Prioritized need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP.</p> <p>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease heart rate. Interprets diltiazem dose at 25mg IV bolus to be given over 10 minutes, then diltiazem continuous drip at 10mg/hr. Interprets patient’s complaints of shortness of breath is due to fluid bolus. Interprets patient’s lung sounds as crackles.</p> <p>Interprets EKG rhythm as ventricular tachycardia. Interprets patient is without pulse. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes.</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 B 						<p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Obtains vital signs 99.4-47-16-106/64. SpO2 89%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a cardiovascular assessment (including cardiovascular history, medications, code status). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being “weak/tired”. Atropine 1mg IV push given- reassessed vital signs. Notified healthcare provider of patient’s heart rate still being decreased after medication administration and change in EKG rhythms.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Applied 2L O2 per nasal cannula and raised head of bed. Notified healthcare provider of patient’s heartrate, EKG rhythm, and complaints of “there is a horse in my chest that is going to gallop out”. Administered</p>

*End-of- Program Student Learning Outcomes

	<p>diltiazem 25mg IV bolus and then diltiazem 10mg/hr continuous drip for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Administered 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.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Called a code blue. Begins CPR. Applied fast patches to patient, defibrillates patient. Administered Epinephrine 1mg IV push.</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). 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!</p> <p>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.</p> <p>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!</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>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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.</p> <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</p>

*End-of- Program Student Learning Outcomes

<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>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: 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.</p> <p>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.</p> <p>Satisfactory completion of the simulation scenario. Great job! AR/BL/CB/BS</p>
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 12/13/2023