EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Elmlinger

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)
1/25/2024	5H	Missed Pt. Advocate/Discharge Planner and Save Hunt	2/1/2024 5H

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

Week 3 (1f)- (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- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered using various routes (IV, IVP, PO [OG], SQ) and while observing the rights of medication administration. BS
Week 10- 1a,b- Great job this week assessing and managing care for your patient, and managing and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included OG, SQ, IV, and IVP. BS
Week 11-1(a-e,g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. All six rights of medication administration were followed during all medication passes. You had the opportunity to administer numerous medications through the patient's PEG tube, as well as administer IVP medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. 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: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	NA	NA	S	S	S	S	NA	NA	**S**	S	S	S						
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	NA	NA	NA	~~NA~~ S	S	S	NA	NA	**S**	S	S	S						

*End-of- Program Student Learning Outcomes

e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

***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 (2 a,b,d) Good job with identifying potential complications. Remember to use all subjective and objective data to determine plan of care. Investigate the reasons behind patient signs and symptoms and correlate with the pathophysiology of disease processes. 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- 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 a satisfactory, prioritized care map related to your patient's condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

Week 10- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient's condition. Please see your rubric below. 2e- You did a nice job discussing social determinants of health that could have an impact on your patient's health, well-being, and quality of life. BS

Week 11-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

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: a. Critique communication barriers among team members. **(Interpreting)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	S	NA	~~NA~~ S	S	S	S	NA	NA	**S**	S	S	S						

*End-of- Program Student Learning Outcomes

c.	Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	NA	~~NA~~ S	~~S~~ NA	NA	NA	NA	NA	**S**	S	S	S					
d.	Clarify roles & accountability of team members related to delegation. **(Noticing)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S					
e.	Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	NA	NA	NA	S	S	S	NA	NA	**S**	~~S~~ NA	NA	NA					
	Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**					

Comments:

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation. Keep up the good work! 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- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS
Week 10- 3a- You did a nice job discussing communication barriers during debriefing this week. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. BS
Week 11-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. 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: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

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

Comments:

Week 2 – An issue that was discussed during this clinical was the use of restraints. Many families of patients may or may not realize why their family member is in restraints. Therefore, it is important that the family members of your patient realize the need for restraints on the patient so it does not become a legal or ethical matter. Great example and so important. AR

Week 3 – An ethical issue that could easily take place in digestive health is a problem with patient confidentiality. Due to the space being so open and only having curtains instead of doors patients could easily see other patients or hear the results of other patients procedures. Therefore, it is important to be cautious when talking to the patients and caring for the patients that you keep the curtain closed and talk to them closely so the other patients are not hearing if there is a problem. Perfect example for Digestive Health. AR

Week 4 – When talking with the patient advocate we were able to discuss many legal issues that take place in the hospital setting. One example, was a patient that was in need of a further stay but was unable to get the right insurance to pay for their care. The patient advocate was able to get ahold of this patients insurance company and talk to them about the patients status and explain to them the reasoning for their further treatment and was able to get the patient's insurance to cover the expenses to get the care they needed. Good example. AR

Week 5 – While on 3T I was able to observe a legal issue. One of the patients I was caring for had a history of Alzheimer's and dementia. Later this week she was in need of a toe amputation. Prior to the procedure I knew that this patient was going to need to sign content forms. Therefore, due to her mental history I am not sure if it is safe for her to be signing consent forms and instead have her POA sign the consent forms. I am unsure of the results of who signed the consent due to the fact that I was not there the day of her procedure. But, if she were to sign the consent forms and then later not realize what she signed this could very well be a legal issue. Great example and appropriate legal issue. The patient should be able to understand and also remember what they are signing. Hopefully the POA was present. FB

*End-of- Program Student Learning Outcomes

Week 6 – A legal issue that I experienced during this clinical rotation was during admission of a new patient on the floor. This patient brought all of his home medications with him for us to acknowledge. Included in his home medications were CBD gummies, that still had several in the container. After acknowledging all of his medications we gave them back to his spouse to take home with her. While doing this we were putting a lot of trust on the spouse to actually take all of the medications home with her. This could be a legal issue if the spouse were to give the patient the CBD gummies to keep with him while at his stay and no one realize that they were left with the patient and the patient possibly take one while in the hospital. Great example. It is very important to educate the patient and family of side effects or adverse reactions that can occur if any of the home medications are taken with maybe new medications that might be ordered. FB

Week 7 – A legal issue that I observed in this clinical rotation was that this patient had just got admitted to the floor, she also had her son with her. Her son was develop mentally disabled. With that being said, she wanted her son to be able to stay the night with her. If they were not able to get her son to be able to stay the night with her there was no one to be able to come and get him. Therefore, this could become a legal issue if they could not let the son stay the night and he had to go somewhere on his own means he was mentally disabled. There is also the liability of allowing the son to stay in the hospital. How is the son going to get meals, any medications that he might need? What if he has a medical event without his prescribed medications? Several possibilities need to be looked into. Great example, not always an easy answer. FB

Week 9 - A legal issue that I thought about during this clinical was the fact that the patient was on a ventilator and had no control over what care he receives. For example, having a CT scan, there is no way for him to be able to refuse a CT scan when he is sedated and on a ventilator. If they are unable to get ahold of his healthcare POA in an emergent situation that relates to his care this could become a legal issue with what they decide to do means he has no control over his care at the moment. Good point. Yes, for a patient in this condition, decisions regarding his care become the responsibility of his next of kin. Unless other arrangements are previously made this responsibility goes to the spouse. If no spouse, it then goes to the oldest (adult) living child. BS

Week 10 – A legal issue that I witnessed during this clinical was during the MET on Tuesday morning. The patient was becoming symptomatic and a MET was called during the met the patient continued to decline and ended up getting intubated. After further assessment of the patient's chart this patient was a DNR. Therefore, making the call to intubate the patient should have been further evaluated before proceeding. The patient was also alert at the beginning of this process but nothing was being explained to the patient when it should have been at this time. Good observation, Katie. Remember this going forward. It is easy to lose focus on something like this, especially as your patient is declining. We do so much training on how to help patients and to keep them from getting worse. The other part of that equation is to respect the patient's wishes. Fortunately, she did fine with it and is now extubated. Her code status is now correct and hopefully this can be prevented in the future. BS

Week 11 - My patient was in need of 3-6L of O2 to keep her O2 stats stable and prevent severe shortness of breath or respiratory failure. When this patient returns home she is going to need to be wearing O2 all of the time. While evaluating her chart and hearing the patient talk, she is worried about getting O2 for at home due to her insurance not covering it. This was one of the legal issues that I was able to obtain in this clinical rotation. Nice job, Katie. There was also a big safety concern related to this issue because the patient smokes at home. This was part of the reason the hospice team was encouraging her to consider going to the inpatient unit as well. 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)*

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

Comments:

Week 2 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observational experience. Great job. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas, except satisfactory for delegation. Student goals: "Confidently increase my patient count and get quicker at my medication pass." Additional Preceptor comments: "Great job today!" Ck/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: "Time management improvement building confidence and better education to my patients when needed." Additional Preceptor comments: "Does well with always wanting to learn. Learned new skills, it was a chaotic day and she was always there to help. You're going to make a a great nurse!" AG/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas, except communication skills. Student goals: "to work on more in-depth documentation, to better be able to relate my patients' signs and symptoms to their diagnosis and what to watch for." Additional preceptor comments: "Katie did a wonderful job. She demonstrated safe and competent care. She was eager to learn and see new things." JW/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Satisfactory in all areas. Student goals: "to not feel so overwhelmed at times and improve my education." Additional preceptor comments: "Still needs a lot of direction, but does ask questions appropriately and asks for help if she is unsure. Needs some confidence." HO/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Satisfactory in all areas. Student goals: "Improve my knowledge overall and continue to expand my skills." Additional preceptor comments: "Better job today staying on task with time management." HO /FB

*End-of- Program Student Learning Outcomes

Week 9- 5a- Good performance in the clinical setting this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS
Week 10- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness both two intubations. BS
Week 11-5(b,c) Katie, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

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: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
d. Deliver effective and concise hand-off reports. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S						
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	~~S~~ NA	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observation. Keep up the great work. AR
Week 4 (6c,f)- Satisfactory discussions via CDG related to both your clinical experiences this week. Keep it up! AR
Week 5 (6d) Satisfactory completion of hand off report rubric 30/30. Preceptor comments: Great job! CK (6f)- Satisfactory discussion related to delegation. CDG rubric was followed appropriately. FB
Week 6 (6 f)- 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- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to your patient on 4C. 6e- Nice job with documentation this first week of clinical. BS

*End-of- Program Student Learning Outcomes

Week 10- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your pathophysiology CDG this week. BS
Week 11-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (7a)- Satisfactory with discussion via CDG posting. AR

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

Week 10- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 11-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "What Are My Options? How to Have a Goals-of-Care Conversation." Excellent job! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
3/12-3/13/2024	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:

*End-of- Program Student Learning Outcomes

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

Student Name: K. Elmlinger **Date or Clinical Week:** Week 9				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors. ABGs should be included here, as they demonstrate the effectiveness of the ventilator related to gas exchange.
	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)**	2	
	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	Other nursing priorities include altered renal function, infectious process. For your complications/signs/symptoms, what would we monitor that would tell us if the patient was in respiratory acidosis (RA)? The symptoms listed are possible, but we cannot determine if they are in RA just by those.
	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)**	2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Good job with interventions and rationales. I would suggest additional interventions to: assess vital signs, administering his various medications
	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	(sedation, etc.), assessing IVs and invasive lines, donning appropriate PPE upon entering room, dressing change to left foot, education at discharge.
	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	Nice job here but try to elaborate more, ex. Agitation. (patient continues to appear agitated, shaking head and squirming in bed. Confusion- (what about confusion). UE pitting edema- 1+, 2+?
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments: Nice job Katie. BS

Total Points: **35/42 Satisfactory.**

Faculty/Teaching Assistant Initials: **BS**

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2024

*End-of- Program Student Learning Outcomes

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Meditech Document (1,2,3,4,5,6)*	**Physician Orders/SBAR** (1,2,3,4,5,6)*	**Prioritization/ Delegation** (1,2,3,4,5,6)*	**Resuscitation** (1,3,6,7)*	**IV Start** (1,3,4,6)*	**Blood Admin./IV Pumps** (1,2,3,4,5,6)*	**Central Line/Blood Draw/Ports** (1,2,3,4,6)*	**Head to Toe Assessment** (1,2,6)*	**ECG/Hand-off report/CT** (1,6)*	**ECG Measurements** (1.2.4.5.6)*
	Date: 1/9/2024	**Date: 1/9/2024**	**Date: 1/9/2024**	**Date: 1/9/2024**	**Date: 1/11/2024**	**Date: 1/11/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**	**Date: 1/12/2024**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	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

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: K. Elmlinger **Clinical Date:** 3/19-3/20/2024

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** 4 **Comments:** Nice job describing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** 6 **Comments:** Great job discussing the pathophysiology of your patient's disease process. Good explanation.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:** 6 **Comments:** Nice work making correlations between your patient's signs and symptoms and his current diagnosis. Unfortunately, if he doesn't commit to some lifestyle changes he will find himself in this situation more frequently.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) 2 • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points:** 11 **Comments:** Great job making correlations between your patient's diagnoses and related laboratory results. I would have liked to see some ABG results here.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	**Total Points:** 12 **Comments:** Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)	**Total Points:** 9 **Comments:** Very good job making the connections between the medications your patient was receiving

*End-of- Program Student Learning Outcomes

• Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**and their role(s) in treating his condition.**
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points: 4** **Comments: Nice work correlating your patient's current diagnosis with his past medical history.**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 4** **Comments: Good job here. I would have liked to see your interventions more specific and with times. Ex.- Sedation medications- list them along with their current rates, Provide support/education- what education points?**
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points: 6** **Comments: Great discussion of the interdisciplinary team members and their role(s) in treating your patient.**
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points: 62/65 Satisfactory** **Comments: Great work on your pathophysiology CDG, Katie! BS**

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

vSim Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)***	**Week 8: Dysrhythmia Simulation** (see rubric)	**Junetta Cooper (Pharmacology) (1, 2, 6, 7)***	**Mary Richards (Pharmacology) (1, 2, 6, 7)***	**Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)***	**Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)***	**Carl Shapiro (Pharmacology) (1, 2, 6, 7)***	**Comprehensive Simulation** (see rubric)
	Date: 2/16/2024	**Date:** 2/26-27/2024	**Date:** 3/1/2024	**Date:** 3/15/2024	**Date:** 3/22/2024	**Date:** 3/28/2024	**Date:** 4/19/2024	**Date:** 4/19/2024
Evaluation	S	S	S	S	S	S		
Faculty Initials	FB	FB	BS	BS	BS	BL		
Remediation: Date/Evaluation/ Initials	NA	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
NOTICING: (1,2) * • Focused Observation: E A **D** B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	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. 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. Notices patient is unresponsive, code blue called.
INTERPRETING: (1,2) * • Prioritizing Data: E **A** D B • Making Sense of Data: E A **D** B	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. 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. Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.
RESPONDING: (1,2,3,5,6,7) * • Calm, Confident Manner: E **A** D B • Clear Communication: E **A** D B • Well-Planned Intervention/ Flexibility: E **A** D B • Being Skillful: E A **D** B	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. 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

*End-of- Program Student Learning Outcomes

	initiated. BP and lung sounds reassessed. IV fluid stopped in response to crackles in lungs. CPR initiated, delay in applying fast-patches, shock delivered, CPR. 2nd shock delivered. EPI Q3min. (remember to also address the airway when doing CPR).
REFLECTING: (1,2,5) * • Evaluation/Self-Analysis: **E** **A** D B • Commitment to Improvement: E **A** D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). 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. 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. 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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing**	Lasater Clinical Judgement Rubric Comments: 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

*End-of- Program Student Learning Outcomes

B= Beginning **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	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 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. 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. You are satisfactory for this simulation. Nice work! BS

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 12/13/2023

*End-of- Program Student Learning Outcomes