

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

| Date | Number of Hours | Comments | Make Up (Date/Time) |
|----------|---------------------------------|----------|---------------------|
| | | | |
| | | | |
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| | | | |
| | | | |
| 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: | NA | NA | NA | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| a. Manage complex patient care situations with evidence of preparation and organization. (Responding) | | | | | | | | | | | | | | | | | | |
| b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing) | S | S | S | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| c. Evaluate patient's response to nursing interventions. (Reflecting) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting) | NA | NA | NA | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| e. Administer medications observing the six rights of medication administration. (Responding) | NA | S | S | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding) | S | NA | S | NA | NA | NA | NA | NA | S | S | NA | NA | NA | | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding) | NA | NA | S | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| Faculty Initials | AR | AR | AR | BS | BS | BL | BL | BL | BL | AR | AR | AR | | | | | | |
| Clinical Location | SP | CD | QCIS | 4C | 4C | 4P | Simulation | | | DH | No clinical | Patient advocate/discharge planner | 3T | | | | | |

Comments:

Week 2 (1b,c)- Satisfactory discussion via CDG posting related to your Special Procedures clinical experience. Preceptor comments: "Excellent in all areas. Taylor did a nice job. Asked appropriate questions and she was very helpful. Several IV starts with success. Observed 3 paracentesis, set up a sterile tray". Keep up the great work!
AR

Week 3 (1b)- Satisfactory Cardiac Diagnostics clinical and discussion via CDG posting. Preceptor comments: “Excellent in all areas. Taylor was very attentive during her cardiac clinical. She was very open to learning cardiac procedures and how the cardiac department runs. We covered stress testing, cardioversions, and transthoracic echocardiograms”. Great job! AR

Week 4 (1c)- Satisfactory Infusion Center clinical and with discussion via CDG posting. Great job! Be sure to fill in the clinical location box weekly. AR

Week 2- 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 (PEG, SQ, IVP, IV) while observing the rights of medication administration. BS

Week 6- 1a,b- Great job this week managing and responding to complex patient care situations. There was definitely a lot to monitor for your patient and you, along with your partner, did a great job. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, IVP, and SQ. BS

Week 7-1(a-e, g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You administered PO, IVP and SQ 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

Week 9 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 11 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Taylor was excellent at talking with patients and being aware of their needs and privacy.” 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 | S | NA | NA | NA | S | | | | | |
| a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) | | | | | | | | | | | | | | | | | | |
| b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding) | NA | S | S | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding) | NA | NA | S | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) * | NA | NA | NA | NA | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| Faculty Initials | AR | AR | AR | BS | BS | BL | BL | BL | BL | AR | AR | AR | | | | | | |

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

Comments:

Week 2- 2a- Nice job correlating the relationships among your patient’s disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient’s condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. Please see pathophysiology rubric below for feedback. BS

Week 6- 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 prioritized care map related to your patient’s identified priority problem. Please see rubric below for feedback. 2e- During debriefing, 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

*End-of- Program Student Learning Outcomes

Week 7-2(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: | NA | NA | S | S | S | S | NA | NA | S | NA | NA | NA | NA | | | | | |
| a. Critique communication barriers among team members. (Interpreting) | | | | | | | | | | | | | | | | | | |
| b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding) | NA | NA | S | NA | NA | S | NA | NA | S | NA | NA | S | S | | | | | |
| c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding) | NA | NA | S | S | NA | NA S | NA | NA | S | NA | NA | S | NA | | | | | |
| d. Clarify roles & accountability of team members related to delegation. (Noticing) | NA | NA | NA | S | S | S | NA | NA | S | NA | NA | NA | S | | | | | |
| e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.) | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | |
| Faculty Initials | AR | AR | AR | BS | BS | BL | BL | BL | BL | AR | AR | AR | | | | | | |

Comments:

Week 4 (3b,c)- Satisfactory during Quality/Core Measures observation and with discussion, along with discussion related to your Infusion Center clinical. Great job! AR

Week 5- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS

Week 6- 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 7-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

Week 11 (3b,c)- Satisfactory during Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2: Clinical experience this week was Special Procedures. Although we did not encounter any legal or ethical issues this week something that comes to mind when thinking about legal issues is Informed consent violation. This can happen when the patient receives written consent paperwork to sign but no one has explained what the paper means and what it entails. As we all know this form is required and making sure the patient is well informed about what is going to happen is their right and our duty. **Very good example! Unfortunately, you did not self-evaluate this competency so you have received a "U". Be sure to follow the directions at the beginning of this tool and properly respond to the U on your Week 3 tool. AR**

Week 3: I have acknowledged the U from the previous week. In the future, I plan to double-check that each box is completed before turning in my weekly tool. My clinical experience this week was Cardiac Diagnostics. The ethical principle of nonmaleficence comes to mind for this clinical. Nonmaleficence deals with not causing harm to patients. The nurse showed this principle during one of the diagnostics procedures. Before giving the patient the required medication the nurse made it a priority to check the patient's allergies. Checking allergies helps the nurse to know what medications to avoid that way there are no potential reactions to something they would have given. This ensures the patient's safety. **Thank you for accurately addressing the "U", and for this great example! AR**

Week 4: For this week's clinical a legal issue that comes to mind is documentation. During clinical, we talked about how important documentation is, and when someone sues the hospital they are looking at your documentation and critiquing every part. They mentioned how sometimes these lawsuits take 2 years to surface. In this particular case, the patient had acquired an infection from her central line. The nurse documented that she went in and changed the central line dressing at the beginning of her shift. The assessment needs to be completed every 2 hours, so instead of putting in a new assessment every 2 hours she would copy and paste the initial assessment that stated "dressing changed, dry and intact" for her whole shift. In a court of law when reviewing the documentation it seems as though the nurse went in every 2 hours and physically changed the dressing which in return will increase the patient's risk for infection. So the nurse in this case was found guilty. **Great example and yet another reason NOT to copy and paste documentation! AR**

*End-of- Program Student Learning Outcomes

Week 5: An ethical dilemma I witnessed on 4C would be the nurse having trouble withdrawing care for a patient. The patient's family decided to take the patient off of the ventilator and allow her to pass. The nurse stated that she was having trouble just sitting and allowing the patient to pass. In this moment it was clear that the nurse had to put her feelings aside to provide the best care possible to the patient and her family. **Great point. This is a good example of the need to be mindful of what we say and who we say it in front of. There were other good examples of this this week also. BS**

Week 6: An Ethical issue this week on 4C would be to respect the patient's wishes. My patient this week suffered a bowel perforation her son is the POA and wanted all measures taken to save his mother. The patient has a living will that states she doesn't want to be intubated but that will is not on file. The son is aware of the will but still decides to not honor her wishes. My patient ended up in the ICU on a ventilator. Her current state is not good and the physicians do not feel she will come back from her current state. The son has now decided to stop making medical decisions on her behalf because he feels guilty due to having put her through surgery and now she may not recover. They are hoping to get him in to talk about palliative care for her. This incident has shown me the importance of having advanced directives on file so that in the event you cannot make those decisions for yourself all medical affairs will be handled. **Great example, Taylor. Unfortunately, these types of decisions cause a lot of turmoil, especially if everyone is not on the same page. When someone is acutely ill, like she was when she came in, many times they are able to recover and get on with life. That's what makes a decision like this so difficult. He was probably thinking that it would be a couple days on the ventilator and she would get off of it and recover. Considering her recently fractured hip and now this, it doesn't appear that will be the case. BS**

Week 7: This week on 4P the principle of autonomy and beneficence was observed. Autonomy deals with allowing the patient to exercise their own decisions about their well-being. My patient this week made all the decisions for herself regarding her care. She wasn't on board with going to an SNF and was very adamant about going home. The healthcare staff provided her with all the information to make the best-informed decision for herself. Beneficence deals with doing good to others and acting for the benefit of the patient. This was witnessed with hospice. They came in and talked with the patient about the safety of her home. Once the patient had decided to go to an SNF hospice sat and talked with the patient and made sure the patient was comfortable and educated her on what hospice is and how they would be managing her care. This put the patient's anxiety at ease and allowed for a smooth transition. **Great example, Taylor. BL**

Week 9: This week during digestive health a legal/ethical issue that comes to mind would be before the patient's procedure and or post-procedure if the physician doesn't come to see the patient. It is the physician's responsibility to see the patient before their procedure to ensure the patient understands the treatment as well as if the patient has any concerns before heading in. It is also the responsibility of the physician to ensure follow-up post-procedure. This involves informing the patient of what happened during the procedure, what was found, and treatments for moving forward. **Perfect example for Digestive Health! AR**

Week 11: For this clinical rotation with the patient advocate and discharge planner. Something I witnessed regarding ethics was the use of confidentiality. The patient advocate did not talk with the patient when other staff members were present in the room. This was done to ensure that the patients felt comfortable voicing their concerns, this created a safe space and helps the patients feel heard. **Great example and I am so glad you witnessed this firsthand! AR**

Week 12: This week on clinical my patient's family was having concerns about filling out POA paperwork and since the patient was deemed unable to decide for herself that paperwork couldn't be done. We all learned that with power of attorney, the patient has to be able to choose who would act for them if they become ill and need someone to make those decisions for them. With my patient being deemed unable to make that decision they have to go through a guardianship proceeding. In this instance, the court has to choose who will act as my patient's guardian first, then they would be able to proceed and make a decision about my patient's next steps in treatment.

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 | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| a. Reflect on your overall performance in the clinical area for the week. (Responding) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| b. Demonstrate initiative in seeking new learning opportunities. (Responding) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| d. Maintain the principles of asepsis and standard/infection control precautions (Responding) | S | S | NA | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| e. Practice use of standardized EBP tools that support safety and quality. (Responding) | S | S | NA | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| Faculty Initials | AR | AR | AR | BS | BS | BL | BL | BL | BL | AR | AR | AR | | | | | | |

Comments:

Week 4 (5c)- Satisfactory discussion related to your Quality/Core Measures observation experience. Great job! AR

Week 5- 5a- Good performance in the clinical setting this week. 5b- This week you were able to help provide post-mortem care to a patient. 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 6- 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 an intubation and an extubation. BS

Week 7-5(b,c) Taylor, 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

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep up the great work! AR

Week 6- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. BS

Week 3 (6c,f)- Satisfactory CDG discussion and posting related to your Cardiac Diagnostics clinical. Keep it up! AR

Week 4 (6c,f)- Satisfactory discussions related to your Infusion Center clinical and Quality/Core Measures observation. Great work! AR

Week 6- 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 care map this week. BS

Week 7-6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 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 11 (6c,f)- Satisfactory discussion via CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinicals. Keep it up! 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 | S | NA | NA | S | S | | | | | |
| a. Value the need for continuous improvement in clinical practice based on evidence. (Responding) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding) | S | S | S | S | S | S | NA | NA | S | NA | NA | S | S | | | | | |
| c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding) | S | S | S | S | S | S | NA | NA | S | S | NA | 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 | NA | S | S | | | | | |
| Faculty Initials | AR | AR | AR | BS | BS | BL | BL | BL | BL | AR | AR | AR | | | | | | |

Comments:

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

Week 5- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 6- 7d- Great attitude displayed during clinical this week. Keep it up, Taylor! BS

Week 7-7(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! 7(d) You consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! 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 |
|----------------|--------------------------|----------------------------------|-----------------------------------|
| 2/13-2/14/2024 | 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: T. Whitworth | | 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: 2/13-2/14/2024 | | | | | | | |
| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
| Noticing | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data. | (lists at least 7*) *provides explanation if < 7 | (lists 5-6) | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | 3 | 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 a top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included. I would suggest that being intubated, generalized edema, and TPN would support your priority problem also. |
| | 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 would suggest adding an intervention regarding educating the family members so that they don't have |
| | 9. Interventions are prioritized | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |
| | 10. All interventions include a frequency | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |

*End-of- Program Student Learning Outcomes

| | | | | | | | |
|---|---|----------------|-----------------|----------------|--------------|--|--|
| 6a | 11. All interventions are individualized and realistic | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | unrealistic expectations. |
| | 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: Great work on your care map, Taylor! BS</p> | | | | | | <p>Total Points: 41/42 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: T. Whitworth

Clinical Date: 2/6-2/7/2024

| | |
|--|---|
| <p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) | <p>Total Points: 4 Comments: Nice job describing 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) | <p>Total Points: 6 Comments: Great job discussing the pathophysiology of your patient's disease process.</p> |
| <p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | <p>Total Points: 6 Comments: Nice work making correlations between your patient's signs and symptoms and his current diagnosis. Unfortunately, the lingering effects from his stroke will make his recovery much more difficult.</p> |
| <p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) | <p>Total Points: 10 Comments: Nice job making correlations between your patient's diagnoses and all related laboratory results. (K+, BUN, and Creatinine are all drawn daily for patients in critical care.)</p> |
| <p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | <p>Total Points: 12 Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnosis.</p> |
| <p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) | <p>Total Points: 9 Comments: Good job making the connections between the medications your patient was receiving</p> |

| | |
|---|---|
| <ul style="list-style-type: none"> • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | <p>and their role(s) in treating his condition.</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) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | <p>Total Points: 4 Comments: Nice work correlating your patient's current diagnosis with his past medical history.</p> |
| <p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) | <p>Total Points: 6 Comments: Nice job providing a prioritized list of nursing interventions with rationales.</p> |
| <p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) | <p>Total Points: 6 Comments: Good discussion of the interdisciplinary team members and their roles in your patient's care.</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: 63/65 Satisfactory Comments: Nice work Taylor. BS</p> |

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

| | | | | | | | | |
|---|--|---|--|---|---|---|--|---|
| <u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory | Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)* | Week 8: Dysrhythmia Simulation (see rubric) | Junetta Cooper (Pharmacology) (1, 2, 6, 7)* | Mary Richards (Pharmacology) (1, 2, 6, 7)* | Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)* | Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)* | Carl Shapiro (Pharmacology) (1, 2, 6, 7)* | Comprehensive Simulation (see rubric) |
| | Date: 2/16/2024 | Date: 2/26-27/2024 | Date: 3/1/2024 | Date: 3/15/2024 | Date: 3/22/2024 | Date: 3/28/2024 | Date: 4/19/2024 | Date: 4/19/2024 |
| Evaluation | S | S | S | S | S | S | | |
| Faculty Initials | BS | BL | BL | AR | AR | AR | | |
| 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): 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: B E A D | | | | | | <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

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|---|--|
| | <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> |

| | |
|---|---|
| <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!</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