

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	S	S	S					
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	S					
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S					
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	S	S					
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	BL				
Clinical Location	Patient management 3T	Patient management 3T	Patient management 4N	Patient Advocate and Quality Scavenger		Digestive Health				Quality Assurance	Special Procedures	Cardiac Diagnostics and Infusion center	4P					

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

Week 3 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

*End-of- Program Student Learning Outcomes

Week 4 (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
Week 5 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Destiny was engaged in the clinical and asked great questions”. Great job! AR
Week 7 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 10 (1b,c,f)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’ and ‘demonstrates professionalism in nursing’; Satisfactory in all other areas. Observed venogram, thoracentesis, axillary bx, and paracentesis. Successfully started IV’s.” Great job! AR
Week 11 (1b,c)- Satisfactory during Infusion Center and Cardiac Diagnostics clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Eager to start the day. Asked relevant questions, seemed to engage well with patients. Good job!” Great job! AR
Week 12-1(a-e, g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were thorough and well done. All medication passes were safely done, and you had the opportunity to administer SQ, IV, and IVP medications all while following the six rights. You did a nice job practicing interpreting cardiac rhythms as well. Great job monitoring your patient closely this week 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:	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	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)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S					
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S					
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S					
Faculty Initials	FB	FB	FB	AR	BL													

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

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB
 Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB
 Week 4 (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 12-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL
 Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3 b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 3 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 4 (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. Keep up the great work! FB

Week 5 (3b,c)- Satisfactory Quality Scavenger Hunt clinical, documentation, and discussion via CDG posting. Great job! AR

Week 9 (3b)- Satisfactory during Quality Assurance/Core Measures observation, with stroke assignment, and discussion via CDG posting. Great work! AR

Week 11 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep it up! AR

Week 12-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

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:	S	S	S	S	N/A	S	N/A	N/A	S	S	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	N/A	S	N/A	N/A	S	N/A	S	S	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S					
Faculty Initials	FB	FB	FB	AR	BL													

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

Comments:

Week 2 – A. There were a couple legal and ethical issues when thinking of my clinical experience this week. One of my patient’s was a younger 22 male admitted for dietic foot ulcers on his right foot. As a 22-year-old and other than his diabetes he was rather healthy. During the report the nurse told me he was very independent and did not need much. She thought he would be a god patient for me as a 2 patient, so I did not get overwhelmed by 2 very sick patients. I did focus more on the older lady and doing more patient rounds on her to make sure I was turning her and so forth, with I think it would be very easy for a potential legal issue. I think it would be very easy to forget to document the little things about him because he was so independent such as Input and output, patient care more towards hygiene and skin care. Documentation is essential in nursing to ensure you are doing all you possibly can for a patient and could lead to legal issues if not done and done accurately. I made sure to go in and ask about all these things and gave him stuff to shower with and documented these findings. This was one of the more independent patients I have had in clinical ever so it was harder for me to know everything to document accurately because he is not asking for help to the bathroom or asking for things very often in general.

Week 2 (4a) Great job realizing the importance of documentation. Documentation is very important and needs to be done correctly and timely. Even though your 2nd patient was independent you provided care and education through conversation, so there is something to document. Every time you check to see if the patient needs anything or has concerns it should be documented, otherwise it reflects no contact with the patient. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3 – A. I have noticed when I was on clinical multiple times the nurses when documenting are recalling and copying a lot of their assessments. I know this is not okay to do because you should be doing it every time. They would go into the room and listen to the patient’s but that was it. They would not fully assess the patient and they would just recall the physical assessment or other things they would have to document on. I think this could be a legal issue. If something was to happen to a patient, you do not have the proper documentation to ensure your care. One of the nurses waited till she left to document. I understand not having much time to but the

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whole point is to make time. I feel like I would forget some of my assessment information if I waited to document my findings or even mix up patient's assessment. I fell as though I learned a lot of things not to do as a nurse when I am on clinical.

Week 3 (4a)- You are very correct, it is important to document accurately, timely, and use your own documentation. It is also important to do assessments, that could prevent a patient from ending up in the ICU, especially if a sudden change that can be corrected is detected early. FB

Week 4 – On my clinical I was paired with a nurse that was not the best preceptor to students. I found myself doing most of everything for her. I told her what I was and wasn't allowed to do and she could not really comprehend that. She kept asking if I could take patients for her with no report of the patient given to me in the middle of the day. When thinking back on this clinical it is a legal issue. I am not a registered nurse yet and I cannot do everything she can. I also was having patients pushed on me that I had no knowledge of which would be on her after I said no. I felt as though it was not a great learning experience other than what not to do as nurse.

Week 4 (4a) Remember to advocate for yourself as you have learned to advocate for your patients. If you are not comfortable with a situation you must address it. Once you become a RN you may experience similar situations and at that point your license that you worked very hard to get will be on the line. You will also want to remember that is not the kind of nurse to be. FB

Week 5 – My clinical experience this week was Patient advocacy, discharge planning, and quality scavenger hunt. All these play a big role in legal and ethical issues. Patient advocacy plays a part in not only patient satisfaction but also what could lead to legal issues in the hospital. Patients can get upset and try to sue the hospital with whatever complaint they would have or even issue. For example, a family member complains about how their loved one is not getting the proper care. For the discharge planning coordinator, she is ensuring that patients are not going to return to the hospitals within 30 days for the same complaint or something correlated to their chief complaint they were admitted for. This can also be a legal issue due to not getting the right treatment or the right care they need to thrive outside the hospital setting.

Very good examples. AR

Week 7 – In Digestive Health most of the patients are going under anesthesia for their procedures. One big thing I think of with being sedated and performing this procedure is consent. The signed consent could lead to legal and ethical issues if it is not done accordingly and legally. The patient must be of sound mind with no medications administered yet that could impair their decision making. The patient must not feel forced to sign the consent. There also should be a witness and they should be educated on the procedure, possible complication, and outcomes. If there are things not done properly with informed consent there could be a huge legal issue.

Perfect examples! AR

Week 9 – Looking at quality assurance I think the whole aspect of quality assurance to help prevent legal issues against a nurse from a patient. As a nurse you must ensure that you are up to date with evidenced based practices, policies, standardization of care, and perfect documentation. Applying all these principles can help prevent legal issues and promote and provide patient safety. Patient safety is the biggest issue we learned about and we as nurses want to ensure we provide that and prevent injuries or issues that could then lead to legal issues. **Great examples of why the quality department is vital to our patients and organization! AR**

Week 10 – This week's clinical experience I attended Special Procedures. There are many different types of procedures I saw such as parentheses, thoracensis, venogram, ultrasounds, and biopsies. All these procedures there is a key element that must be done as a legal issue. The key element is informed consent. Informed consent is very important in this department. The patients in some cases are put under sedation and it is important that they fully understand and agree to the procedure. The patient should not feel forced to sign consent and should know what is going to happen in the procedure. If there is no consent signed this could lead to big legal issues with the nurse, physician, and facility. **Informed consent is such an important part of our role as a RN and a perfect example for Special Procedures. AR**

Week 11 – During my Infusion center clinical they were giving many antibiotics and blood intravenously. Administering blood products is a serious matter because you do not always know how patients will react to the blood even if they have had blood before. During my observation of blood administration, the nurse started the blood and told the patient I will be back in 15 minutes and left. She should of stayed with the patient for the first 15 minutes. I know she was busy but delegation would be appropriate in this situation. He is a regular and comes in often but there could still be something wrong with the blood like contamination and should be caught within

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the first 15 minutes of administration. Not staying in the first 15 minutes is a legal issue if that patient has a reaction. The nurses license could be at stake too if this was to happen. **Wow! This is a very scary situation and I am so glad you recognized this and know the implications and importance of staying with the patient! AR**

Week 12 – My patient on 4 Progressive left against medical advice. He had very low blood counts and was on neutropenic precautions. He also got blood cultures and the blood cultures came back that he had yeast growing in his blood. My patient the second day I had him was asking to leave AMA and asked for a unit of blood before he went. He was getting upset because he was not transferred to Cleveland Clinic yet and just wanted to be at home. The doctor explain everything to him multiple times that leaving in oral antibiotics with yeast growing in the blood is fatal and his blood count is very low and susceptible to infection. He heard all this multiple times from the doctor and he still wanted to leave. The whole situation can be a legal issue. The doctor should convince or hold the patient because that can be false imprisonment yet the doctor wants to be safe so that he does not get sued if something was to happen to the patient due to the condition he is leaving the hospital with. The doctor made him sign AMA forms. **Great example. It is very unfortunate and scary this situation led to this. 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:	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	S	S						
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
Faculty Initials	FB	FB	FB	AR	BL													

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas, except satisfactory for delegation. Student goals: “Take on more patients and document assessments in a timely manner.” Additional Preceptor comments: “Thorough kept up with difficult patients. Great time management and keeping track of medication due.” MR/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: “Manage more patients and give patient centered care. Time management.” Additional Preceptor comments: “Excellent job with patient care and paying attention to small details. Extra attention to medication administrations. Great job!” CA/FB Reported on by assigned RN during clinical rotation 1/24/2024-Satisfactory in all areas except excellent in communication skills and demonstrates professionalism in nursing. Student goals: “Make my med passes go more smoothly and pay close attention when taking meds out that I take 2 as stated on pyxis.” Additional preceptor comments: “Destiny was awesome to work with. She was organized, took initiative, though not afraid to ask questions. Her bedside and communication was excellent with staff and patients.” KD/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas. Student goals: “Be able to manage 4 patients onmy own and be more effective with my time.” Additional Preceptor comments: “It was a stressful day for Paige but she was able to push through and make the best of it.” AG/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas. Student goals: “Do more with tele patients and read their strips.” Additional

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Preceptor comments: “Great communication with patients. Great clinical correlation with labs, assessment, and meds. Worked well with different charting techniques i.e. charting in room or cluster charting.” Paige will need to work on time management skills when caring for a group of patients. JW/FB
Week 9 (5c)- Satisfactory discussion through CDG posting related to your Quality Department observation. AR
Week 12-5(b) Paige, you did an excellent job working independently and taking initiative in completing nursing interventions for your patient when you could this week. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. 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	S	S	N/A	S	N/A	N/A	S	S	S	S						
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	N/A	S					
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S					
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S					
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S					
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	N/A	N/A	N/A	N/A	S	S	S	S	S NI					
Faculty Initials	FB	FB	FB	AR	BL													

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
 Week 3 (6d) Great job with effective and accurate hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. No additional RN comments were provided. TP/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB
 Week 5 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job! AR
 Week 9 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the great work! AR
 Week 10 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep it up as you complete the semester! AR
 Week 11 (6c,f)- Satisfactory CDG postings related to your Infusion Center and Cardiac Diagnostics clinicals. Keep up the great work! AR
 Week 12-6(d) Great job giving hand-off report during debriefing. You received 28/30 points. Points were deducted for lack of detail related to the background information regarding the patient's presenting diagnosis and signs/symptoms. You omitted information about the patient's hemoglobin level on admission (4.4), his syncope episode at home, and how he was waiting to have a blood transfusion outpatient before all this occurred. Its important to always include detailed background

*End-of- Program Student Learning Outcomes

information so the oncoming nurse has a good understanding of what’s going on with the patient. 6(e) Excellent job with all of your documentation this week in clinical. 6(f) This competency was changed to an “NI” this week because you did not include an in-text citation in your CDG. Remember that all CDGs need both an in-text citation and a reference to meet the criteria for satisfactory completion. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S						
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	S	S	S	S	N/A	S	N/A	N/A	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	N/A	S	N/A	N/A	S	S	S	S						
Faculty Initials	FB	FB	FB	AR	BL													

Comments:

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Midterm- You have done a great job during clinical experiences the first half of the semester! Keep up the great work as you complete the remainder of your clinical experiences. AR

Week 9 (7a)- Satisfactory CDG posting related to your Quality Department observation. Keep it up as you complete the semester! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
4/2/2024- 4/3/2024	Bleeding	Satisfactory BL	NA

2024

** 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: Destiny Hamman		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: 4/2/2024-4/3/2024							
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	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

*End-of- Program Student Learning Outcomes

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 your nursing interventions. It would have been important to include an intervention for assessment of bleeding (E.g. gums, stool, etc.). I also would have liked to see you list which specific labs you would be monitoring (Hgb, Hct, Plts, etc.). Lastly, remember to be a little more detailed when writing your rationales.
	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	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job!
	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: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL</p>						Total Points: 42/42	
						Faculty/Teaching Assistant Initials: BL	

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

Student Name:

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test 	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> • 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>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) • 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>Total Points: Comments:</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: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p>	<p>Total Points: Comments:</p>

*End-of-Program Student Learning Outcomes	
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Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2024
Simulation Evaluations

vSim Evaluation	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	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	AR	AR	AR	AR	AR	AR		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA		

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Destiny Hamman, Shawnita Miller, Melinda Pickens, Mira Sweat**

GROUP #: **2**

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **2/26/2024 1000-1200**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<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>Notices patient is complaining of fatigue and weakness. Notices patient's heart rate is decreased. Notices patient's heart rhythm changed and heart rate decreased after Atropine was administered.</p> <p>Notices patient's heart rhythm is abnormal and heart rate is increased. Notices patient is complaining of shortness of breath and heart palpitations. Notices patient's blood pressure is decreased and heart rhythm did not change after medication. Initially does not notice history of CHF before administering fluid bolus. Notices patient has a worsening cough and shortness of breath after fluids.</p> <p>Initially does not notice patient is unresponsive.</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 patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to increase the patient's heart rate. Initially does not interpret the correct dose of Atropine. Recognizes the patient's decreased heart rate is likely due to the patient's metoprolol. Initially interprets patient's second heart rhythm as a third-degree heart block, then interprets it as a second-degree type I rather than a type II.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Interprets the need for medication to decrease the patient's heart rate and control the rhythm. Interprets the correct dose of diltiazem to be administered. Recognizes the need to administer a fluid bolus to increase blood pressure. Interprets patient's lung sounds as crackles after fluid bolus.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct dose of medications. Interprets patient's low potassium as a potential cause for cardiac arrest.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p>						<p>Introduces self and identifies patient. Places patient on the monitor, obtains vital signs, and performs an assessment. Calls physician and provides SBAR.</p>

*End-of- Program Student Learning Outcomes

<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>Recommends an order for Atropine and oxygen. Places the patient on 2L of oxygen via nasal cannula, then increases it to 3L. Communicates well and educates the patient. Administers 1 mg of Atropine IVP. Begins focusing on a GU assessment, does not reassess patient's vital signs or heart rhythm right away. Reassesses heart rhythm and vital signs. Calls the physician. Recommends an order for epinephrine and transcutaneous pacing. Places patient on a non-rebreather mask.</p> <p>Introduces self and places patient on the monitor. Obtains vital signs. Places the patient on oxygen. Calls physician and provides SBAR. Recommends amiodarone for treatment, as well as diltiazem. Identifies patient after being prompted by the physician. Communicates well with the patient and provides education. Administers diltiazem bolus of 25 mg, followed by a 10 mg/hr gtt. Reassesses patient's vital signs and heart rhythm. Calls the physician to provide an update. Recommends amiodarone and a fluid bolus to increase blood pressure. Administers fluid bolus. Stops fluid bolus after respiratory symptoms present. Calls physician. Recommends amiodarone and cardioversion.</p> <p>Introduces self. Places patient on the monitor. Does not check patient's pulse. Calls code blue. Begins CPR. Defibrillates patient. Administers epinephrine 1 mg IVP. Patient is not bagged at all. Considers the use of amiodarone.</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>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>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</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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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	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*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

**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