

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	NA	NA	NA	NA	S	NA	S	S	S					
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	NA S	NA	NA	NA	NA	S	NA	S	S	S					
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	NA	S	NA	S	NA	S											
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S	S					
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	S	S	NA	NA	S	NA	NA	S	NA	S	S	NA					
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S	S					
Faculty Initials	FB	FB	FB	AR	BL													
Clinical Location	3T	4N	4N	PA/ DP	NA	DH	SIM			QA	CD/ SP	IC	4P					

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1d) This competency was changed to a NA because you did not perform this skill during this clinical rotation. Make sure you are performing the competency the corresponding week that you are self-rating. FB
 Week 3 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB
 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 2: D was supposed to be changed to S, Fran and I spoke and I worked with the nurse on interpreting rhythm strips while on 3T that week. I fixed it. Thanks! AR

*End-of- Program Student Learning Outcomes

Week 5 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas”. Great job. AR

Week 7 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 10: I Put S for cardiac interpretation due to reading 48 hour heart monitoring strips. Excellent opportunity! (1b,c)- Satisfactory during Cardiac Diagnostics and Special Procedures clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Pacer clinic, explained stress tests, saw heart cath.” Special Procedures- “Satisfactory is ‘demonstrates prior knowledge of departmental/nursing responsibilities’; Excellent in all other areas. Observed 3 LP, paracentesis and bone marrow bx. Eager to start IV’s and had 2 successful starts.” Great job! AR

Week 11 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Keep up the great work! 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 PO, 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	NA	NA	NA	NA	NA	S	S	S	S						
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	S	S						
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	S	S						
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	S	S						
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	NA	NA	NA	NA	NA	S	S	S	S						
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	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

I put S for these because we talked with both HF and QA about noticing signs and symptoms of patients and what the next and plan would be for that patient. Even though they weren’t real patients. Thank you! Perfect! AR

*End-of- Program Student Learning Outcomes

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

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

Comments:S

Week 2 (3 b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. Make sure you are self-rating on actual competencies completed the corresponding week. (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, 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. Keep up the great work! AR

Week 11 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Great job! 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	NA	S	NA	NA	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	NA	NA	NA	NA	S	NA	S	S	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	NA	S	NA	NA	S	S	U	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: There was a patient that my nurse and I were taking care of, she had been in a rehab facility previously for a stroke and her family was trying to sell off her possessions and house against her wishes. Legally, unless they had deemed her incompetent to take care of herself they would not be able to do this. Ethically it was just wrong to not respect your family's wishes.

Week 2 This ethical dilemma can be very difficult. I wonder if she had a legal power of attorney. This situation is out of our hands as healthcare workers. The case managers should be informed so they can give the patient some resources to assist with this activity. It is very heart breaking to watch an individual who is having health issues have to stress about actions of their family. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3: Ethical dilemma this week was with my 38-year-old patient who was morbidly obese. She was perfectly capable of doing things for herself but refused to try. She insisted that the staff clean her up after using the restroom, even though she was able to. Apparently, her mother does it for her at home. We have the responsibility of taking care of these patients and making sure that they are cared for properly but where do we draw the line? If a patient is capable of doing things themselves, shouldn't we make them to the best of their ability?

Week 3 (4a) You are correct we should be setting boundaries and educating the patient. It is very difficult if her mother is doing all of these things at home for her. As the nurse this sometimes puts us in a very uncomfortable situation. It is not in her best interest to not even try to care for herself, what is she going to do if something were to happen to her mother? There may need to be conversation with the mother as well, possibly by the physician or healthcare provider. She might think she is doing what is best for her daughter when actually she is hurting her in the long run. FB

Week 4: There was a patient who we were caring for who was admitted for a bowel obstruction at 88 years old. She ended up having surgery. I had been wondering on the third day that she was there why she hadn't been sent home yet. She was doing well, no issues, wasn't even taking any pain medication. Come to find out she lives at home with her husband who has a fractured hip. She had told the doctor that taking care of her husband was getting to be a lot on her. The doctor had an ethical and legal duty to make sure that the patient was healed appropriately to return to normal duties. If this meant a few extra days in the hospital, then that's what he was going to do.

*End-of- Program Student Learning Outcomes

Week 4 (4a)- Difficult decision of the physician's part. Documentation will need to be very thorough so that the insurance agrees to pay for extended hospital stay. Otherwise the patient might be responsible for part of the bill which adds up quite quickly. If it is documented as to why the patient needs to stay in the hospital longer, it must be based on medical need. FB

Week 5: Legal dilemma this week. While working with my patient advocate, she received a call from a patient who had an issue with a doctor she was receiving care from. This doctor did not listen to this patient's concerns, was reporting wrong medical information to other healthcare teams, not documenting things that were actually happening at her appointments, and not washing his hands when caring for the patient. If something that this doctor reported caused this patient harm she could sue him for malpractice. **Great example, and very concerning! AR**

Week 6: no clinical. AR

Week 7: This clinical we practiced IV's on patients in digestive health. We always let the patient know that we are students; this way they have the option to choose if they would like a student to place their IV or an actual nurse. Ethically we have a duty to inform these patients we are students because they have the right to say no.

Perfect example! AR

Week 9 Legal issue would be incorrect documentation. If a patient decided to sue for whatever reason and the patient's chart was reviewed and it was found that a patient's central line dressing was changed every 2 hours when you documented your assessment. The courts will automatically blame you because you have no credibility. **Correct and accurate documentation is vital and this is a perfect example. AR**

Week 10: in special procedures I witnessed several lumbar punctures. For this procedure the doctor needs to carefully insert a needle into the thoracic cavity to drain spinal fluid. If done incorrectly, the doctor could potentially paralyze the patient. This could be a potential legal issue. Also I gave myself a U for responsibility since my tool was not turned in on time, I will double check that it is turned in for the future. **Perfect example of a potential legal issue with a lumbar puncture. Thank you for giving yourself/addressing the unsatisfactory evaluation. AR**

Week 11: For the infusion center patients had to receive special medications that cost thousands of dollars. We need to make sure that the patients are receiving the right medication and that we are giving it to the right patient. If we were to give the wrong medication to the wrong patient or even the wrong dose of medication the patient could suffer severe adverse effects that could potentially kill someone. This would be a legal issue. **This is a great example! AR**

Week 12: My patient this week was pleasantly confused. He needed surgery to fix an obstructed bowel. The patient lives at the OVH and has a son who lives out of town. The surgeon called the son to get approval to do the surgery, the son told the surgeon that his father was able to fill out and consent to his own surgery. The patient was only oriented to self, he had no idea where he was or what day or even month it was. This could be a legal issue. The patient needs a guardian if he has no idea what is going on. **Great example, Laurel. 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	NA	NA	NA	NA	S	S	S	S						
a. Reflect on your overall performance in the clinical area for the week. (Responding)						S												
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	S					
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	S					
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
Faculty Initials	FB	FB	FB	AR	BL													

Comments:

Week 2: a) I think I did well at clinical this week. Getting back into the swing of medication and patient care went really well. As always documentation is the hardest aspect. Trying to remember what we can and cannot document on. **The more exposure you get to the documentation the better it will get. FB**

c) factors that create a culture of safety are communication with the patient and family knowing that your nurse is always going to be honest about what's going on creates the trust that a person needs to feel safe. **Correct building the trusting relationship with your patient is very important. This also affects their willingness to cooperate with plan of care. FB**

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas. Student goals: “Take on more patients, improve workflow and documentation.” Additional Preceptor comments: “Student had good critical thinking skills when nurse asked her questions. Time management was good. She helped nurse with different tasks on other patients. She communicated well with the patient what she was doing.”AW/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas, except NA for delegation. Student goals: No goals provided. **You are to provide goals for your next clinical experience every clinical rotation.** Additional Preceptor comments: “Works well under pressure, able to adapt to change switching from nurse to nurse. Eager to learn and always staying on task.” AG/FB Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: “Cluster patient care effectively, learn new Meditech.” Additional preceptor comments: “Great interaction with patient clearly has clinical background.

*End-of- Program Student Learning Outcomes

Able to dissect clinical info for each patient. 3 patients/1discharge/1postop” JW/FB I realized when I left that night that I forgot to fill out the goal section, I would have put gain more experience with post op patients. It’s a very sensitive time. Making sure they come off of sedation properly, maintain vitals, and manage pain.

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas. Student goals: “See more procedures.” Additional Preceptor comments: “You did a great job. You have a natural ability when taking care of the patients. You’re going to be a great nurse.” AT/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas. Student goals: “Do more IV insertions.” Additional Preceptor comments: “Great job today!” AT/FB

Week 7- These competencies have been changed to Satisfactory as they all are appropriate for the Digestive Health experience. AR acknowledged, Fran said to put NA for everything. LS Thank you. I will discuss with faculty. AR

Week 9 (5c)- Satisfactory during Quality Department observation and with discussion via CDG posting. Keep up the good work1 AR

Week 12-5(b) Laurel, 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	NA	NA	NA	NA	S	NA	S	S	S					
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S					
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S					
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S NI	S	S	S	NA	NA	NA	NA	S	S	S	S	S					
Faculty Initials	FB	FB	FB	AR	BL													

Comments:

Week 2 (6f) This competency was changed to a “NI” because you did not achieve the word count of 250 words for your discussion post. The question and reference are not included in the word count. Make sure you are following the guidelines provided on the CDG rubric found on edvance360 under resources. (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. RN comments: Well knowledgeable of patients answered questions and gave report with confidence. AG/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Make sure to be thorough and provide details. Keep up the great work! FB

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

Week 5 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinicals. Keep up the great work! AR

Week 7 (6a,c)- These competencies have been changed to Satisfactory as they are appropriate for the Digestive Health experience. AR

*End-of- Program Student Learning Outcomes

Week 9 (6f)- Satisfactory discussion via CDG posting related to your Quality Department observation. Keep up the good work as you complete the semester! AR

Week 10 (6f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences. Keep up the great work! AR

Week 11 (6c,f)- Satisfactory discussion posting related to your Infusion Center clinical. Great job! AR

Week 12-6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	U	NA S	NA	NA	S	S	S	S						
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	U	NA S	NA	NA	S	S	S	S						
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	U	NA S	NA	NA	S	S	S	S						
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	U	S	NA	NA	S	S	S	S						
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	U	NA S	NA	NA	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

Week 6- Unfortunately you did not provide a self-evaluation for any of the Objective 7 competencies this week therefore you have received all "U's". Be sure to follow the directions at the beginning of this tool and address the "U's" on your Week 7 tool. Failure to do so will result in continued unsatisfactory ratings until addressed correctly. Please let me know if you have any questions. AR Not sure how I missed this section, but I will double check my tool before turning it in. LS AR

Week 7 (7a,b,d)- These competencies have been changed to Satisfactory as they are appropriate for the Digestive Health experience. AR

Midterm- Great job in all clinical experiences this half of the semester! Keep up the great work as you complete the course. AR

Week 9 (7a)- Satisfactory discussion through CDG posting related to your Quality Assurance/Core Measures observation. Great job! AR

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
4/2/2024- 4/3/2024	Impaired Gas Exchange	Satisfactory BL	NA

**

AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Comments:

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

Student Name: Laurel Sieger		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 some of the related/relevant data from the noticing boxes that support the top priority nursing problem; however, there was additional data that should have been included (HR, heart rhythm, capillary refill, confusion, CT, CXR, etc.). 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	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	Remember to prioritize your nursing interventions appropriately. Its important to prioritize both assessments and medications highly. I would encourage you to take a second look at your nursing interventions list and think about how some of these interventions need to be rearranged. Specifically, medication administration. This should never be
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	2	prioritized last. Some of your interventions are very generalized and not individualized for your patient. You have to make sure all of your interventions are realistic for your patient. For example, it is not realistic to have an intervention related to drawing arterial blood gasses on your patient within 30-60 minutes of oxygen being initiated. He has been on oxygen continuously since coming to the hospital. Additionally, would it be realistic for your patient to lean over a bedside table to help with dyspnea? He was very confused and this could be a safety concern. Lastly, make sure your rationales are detailed and not just generalized. It is important to explain exactly why you're doing what you're doing. Also, be sure to include separate interventions for medication administration, providing detailed rationales for what the medications are used for.
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 job. There is no highlighting needed for this section.
	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	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.						Total Points: 38/42	
Faculty/Teaching Assistant Comments: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Great job! BL						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 result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p>	<p>Total Points: Comments:</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>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: Comments:</p>

Firelands Regional Medical Center School of Nursing
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	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): J. Peterman, M. Barber, L. Sieger

GROUP #: 4

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/26/2024 1430-1630

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>Patient identified, begins assessment. VS. Notices patient is complaining of being tired and nauseous. Notices bradycardia. Notices low SpO2. FSBS 124. Notices abnormal lung sounds. Change in rhythm noticed.</p> <p>Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing.</p> <p>Notices patient is unresponsive, code blue called.</p>
<p>INTERPRETING: (1,2) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Heart rate and blood pressure interpreted as being below normal. Interpreted lung sounds- crackles. Rhythm interpreted as sinus bradycardia. Rhythm changed interpreted as 2nd degree AV block Type I. (changed to 2nd degree type 2).</p> <p>Heart rhythm interpreted as atrial fibrillation. Lung sounds interpreted to be crackles.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.</p>
<p>RESPONDING: (1,2,3,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>O2 applied. Assessment completed before calling physician. Call to physician to give update and request atropine for low heart rate. Order received and read back. Atropine prepared, patient identified, atropine administered. Call to provider to report patient is in a 2nd degree type 1 heart block- changed to 2nd degree type 2. Epinephrine drip (and dopamine) suggested as an alternate drug.</p> <p>Questions asked to determine orientation. O2 applied. Call to provider to report symptoms. Recommends diltiazem, wants to give a fluid bolus first. Order received (remember to read back). Fluid bolus administered. Lung sounds reassessed following fluid bolus, revealing crackles. Call to provider, recommends diltiazem. Orders received.</p> <p>Code blue called, CPR started, fast patches applied, shock delivered,</p>

*End-of- Program Student Learning Outcomes

	<p>CPR, epi administered. Shock delivered. Epi Q3 min. Amiodarone considered as an alternate drug.</p>
<p>REFLECTING: (1,2,5) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication.</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed.</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 A= Accomplished D= Developing 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)* 	<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 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: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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</p>

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> • 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>likelihood of success.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates 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>You are satisfactory for this simulation. Great job! BS</p>
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*End-of- Program Student Learning Outcomes

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