EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Keyara Schneider

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: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	~~N/A~~ S	S	S	N/A	N/A	S	N/A	N/A	**S**	S	S	S	N/A					
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**	S	S	S	N/A					
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	N/A	N/A	N/A	N/A	S	S	N/A	N/A	**S**	N/A	N/A	N/A	N/A					
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**					
Clinical Location	4C	4P	4C	Quality assurance/ core measures	SP/ DH	CD/ IS	OFF WEEK			3T	4N	3T	Off week					

Comments:

Week 2- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered while observing the rights of medication administration. BS

*End-of- Program Student Learning Outcomes

* Please remember to enter your clinical location each week.

Week 3-1(a-e, g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. All head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO and IV medications all while following the six rights. You demonstrated appropriate skill and sterile technique while inserting a Foley catheter. A reminder to be extra cautious when your sterile gloves are on that you don't accidentally brush the non-sterile one-inch border of the drape at all when manipulating your Foley supplies. If this ever does accidentally happen, be sure to change your gloves before proceeding. Overall, great job monitoring your patient very closely this week to ensure positive patient outcomes. BL
Week 4- 1a-e,g- Nice work this week assessing and providing care for both of your patients this week. You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. Medications were all administered using several routes (PO, SQ, IV) while observing the six rights. The care you provided was well done, timely, and documented well. BS

Week 6 (1b,c)- 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 IVC filter placement, angioplasty, thoracentesis and bone marrow biopsy. Successful with IV starts. Engaged with pt's and asked appropriate questions during procedures.". Great job! AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 7 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Keyara was able to see a tilt table test and a TEE. She saw angiograms in the cath lab from a STEMI patient." (1c,f)- Satisfactory during your Infusion Center clinical and with your CDG posting. Preceptor comments: "Keyara observed PICC/port access, multiple different types of infusions, got to start an IV, and participated in wound care. She was very helpful and willing to learn. She was great with patients and staff." Great job! AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 11 (1,b)- Excellent job managing and prioritizing patient care during Patient Management clinical experiences this week. Great job comprehensively assessing patients to provide care that is required. Keep up the great work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S	S	N/A					
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**					

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

Comments:

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

*End-of- Program Student Learning Outcomes

Week 3-2(a) Excellent job utilizing your clinical judgment skills to correlate relationships among your patient's disease process, history, symptoms, and present condition. Please refer to the Pathophysiology Grading Rubric for my feedback. 2(e) Great job this week in debriefing discussing social determinants of health that may have impacted your patient's health, well-being, and quality of life. BL
Week 4- 2b,c,d- Nice job choosing two priority nursing diagnoses for your patient during debriefing. Good job also of discussing monitoring for potential risks, anticipating early complications, and taking actions when there is a change in patient condition. BS

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 10 (2 a,b,d) Good job with identifying potential complications. Remember to use all subjective and objective data to determine plan of care. Investigate the reasons behind patient signs and symptoms and correlate with the pathophysiology of disease processes. FB

Week 11 (2c) Good job recognizing changes in patient status and taking appropriate action. FB

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

Comments:

Week 2- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS

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

Week 4- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. BS

Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR

Week 7 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the good work! AR

Week 9 (3c) This competency was changed to a NA because you did not discuss fiscal responsibility during this clinical experience. Remember to self-rate on competencies completed the corresponding week. (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) This competency was changed to a "S" because you are doing a great job interpreting facts to determine the need for prioritization of assigned patients during this clinical rotation. FB

Week 10 (3c) This competency was changed to a NA because fiscal responsibility was not discussed this week. **Make sure you are self-rating on competencies completed in the corresponding week.** Make sure you are reading feedback. (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

*End-of- Program Student Learning Outcomes

Week 11 (3e) Great job being able to prioritize care for a group of patients during this clinical rotation. FB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2: One ethical issue that I observed during clinical was with a different patient. This patient wishes were to be on hospice and not to be intubated, but the patients brother who is also his POA, went against the patients wishes and intubated the patient. When you would go by the patient room you could see the brother messing with the patient and this would get the patent very upset, the patient would even start shaking his head telling his brother to stop. Great example, Keyara. This was definitely an interesting case. I wish we could have seen how it turned out. BS

Week 3: During my clinical it was discussed about having a chest tube placed in my patient. The POA and the daughter were okay with the patient getting a chest tube in, but they didn't get the input from the patient. My patient would be very confused at sometimes and I feel like telling her this information is unfair in a way because she may not even understand what is being said, or may hear us talking to her but doesn't hear what we are actually telling her. This can create any legal or ethical issue in the future. Great job, Keyara. Although the patient was confused at times, she could also be oriented at times as well. She should be included in all decisions about her medical care, and it is important that the physicians continue to talk to her and not just her family. BL

Week 4: This week I was taking care of a patient who used to be a physician because of this my nurse was assuming that the patient understood everything and didn't need any education. It is important to never assume that your patient understand everything or doesn't need education just because they have experience in the medical field. This can create some barriers in the patients plan of care. I think the patient should still be treated like any other patient and get the same amount of explanation and education as other patients would. Good thinking Keyara. People that are hospitalized are in an unfamiliar environment, so we need to explain what we are doing and why. Because of the unfamiliar environment they may not be thinking normally and may need more that what we think. BS

Week 5: This week during quality assurance and core measures we talked about how some nurses may not be properly documenting and may be taken to court do to their quality of care. If they are taken to court the judge is going to look at their documentation and see if that the documentation is accurate, consistent, and if it makes sense. This clinical really showed how important it is to make sure our documentation is accurate and is true because there has been many situations where nurses aren't properly documenting so therefore the courts may question their quality of care. Proper documentation is so important. This is a great example; thanks for sharing! AR

*End-of- Program Student Learning Outcomes

Week 6: An example of an ethical issue that happened while on clinical was a patient refused me, as a student to start their IV. The patients have the right to refuse, so I just let the nurse start the patients IV, then the nurse let me draw the labs if that was okay with the patient. I understand that some patients are scared to let a student perform task on them, but we all have to learn and start somewhere. This can be a touchy situation and you are correct; the patient does have that right. On the other end it is hard for students because as you said you have to learn somewhere. AR

Week 7: When I was going to start an IV a patient talked about how they were very nervous because he has experienced in the past where previous nurses would try to start the IV multiple times within one setting. He was saying how IVs make him very nervous for that reason because one nurse kept trying and trying to start his IV even after she was not successful. I told him I would never do that, if I couldn't get his IV on the first try I would have someone else try and start his IV. I even double checked to make sure that he was comfortable that I was going to start his IV. This is a great example and many organizations have policies that outline how many times a nurse, etc. can try to get an IV initiated on a patient. I don't blame this patient for being concerned. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9: During my clinical one of my patients was diagnosed with Acute Kidney disease stage 3, was very jaundice, and her liver functions test were very high. She was complaining of back pain that she rated a 4/10 so I tried to reposition her before medicating her. When looking into her chart I noticed that she has PRN acetaminophen for pain and nothing else to help with her pain. I know that acetaminophen is toxic to the liver and she is already having problems with the liver. Me and the nurse took this to the charge nurse and she agreed with us that something else should be ordered, so we called the physician and the physician told us to still administer it. Her order was 650mg of acetaminophen and it made me a little nervous due to her liver test results and how bad her jaundice was, but I know brining it to the physician was the right thing to do. Great job advocating for your patient based on your pain assessment and laboratory findings. It would also be important to make sure to document the facts of this request in the patient's chart. FB

Week 10: During clinical a pediatrician came in to get lab draws on a pediatric patient and used an old tube that had a different patients name on it. He used that old tube to draw up the patient's blood and the placed a sticker over that name and wrote the name of the new patient on it. When the charge nurse received the vial, he told the pediatrician to get another blood draw on the patient because how is he supposed to know if that really came from the right patient or what if that sticker fell of the blood vial. The charge nurse did the right thing by telling the pediatrician to redo the blood draw and he also wrote him up because this has been a reoccurring event. Great example, yes that is so important and you cannot skimp or not follow appropriate procedure and expect to get accurate results. What if the results came back on the wrong patient and a medication that was not appropriate was ordered that could be detrimental! Great job by the charge nurse for confronting the physician and having the correct procedure followed. FB

Week 11: One of my patients on clinical during this week had a POA. During clinical I noticed her and her POA would argue a lot and disagree with a lot of things. I even heard the POA state something along the lines that "your word means nothing because I am your POA so we do what I say." This made the patient super upset and mad because she felt like she didn't have a say in her care anymore. This is just a hard situation since decisions may be made that the patient doesn't want. Great example, the POA does not have the right to make decisions if the patient is of right mind, alert and oriented. The POA only makes decisions if the patient cannot make decisions for themselves. FB

Objective

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

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

Comments:

Week 2- 5a- Good performance in the clinical setting this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 3-5(b) Keyara, you were very eager to learn and practice skills this week on 4P. Keep up all your hard work! BL
Week 4- a,b- Week 4- 5b,c- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. Keep it up! You did a nice job during debriefing of discussing actions you took this week to create a culture of safety for your patients. BS
Week 5 (5c)- Satisfactory discussion posting related to your observation experience this week. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Satisfactory in all areas. Student goals: "to get better with cluster care." Additional Preceptor comments: "Did amazing when not busy offered help when needed. Quiet but still asked lots of questions." LC/FB

*End-of- Program Student Learning Outcomes

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/19/2024– Excellent in all areas. Student goals: “To be more confident in myself.” Additional Preceptor comments: “Keyara did a fabulous job with her two patients! She got to give several IV medications and experience the process of administering a blood transfusion! She will be a wonderful asset to any nursing team.” SJ/FB Reported on by assigned RN during clinical rotation 3/20/2024- Excellent in all areas. Student goals: “Be better with educating patients on their medications.” No additional preceptor comments. RM/FB

Week 11 (5a)- Reported on by assigned RN during clinical rotation 3/26/2024. Satisfactory in all areas. Student goals: “Stop second guessing myself, I know more than I think.” Additional Preceptor comments: Amazing job! LC/FB Reported on by assigned RN during clinical rotation 3/27/2024 Excellent in all areas. Student goals: “Be more familiar with discharge process.” Additional Preceptor comments: “Confident and independent. Communicated very well with the team and patients. Received a guardian angel form one!! Excellent day today.” HO/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S	S	N/A					
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	N/A					
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S	S	N/A					
d. Deliver effective and concise hand-off reports. **(Responding)**	S	S	S	N/A	N/A	N/A	N/A	N/A	**S**	S	S	S	N/A					
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**	S	S	S	N/A					
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S	S	S	S	S	N/A	N/A	**S**	S	S	S	N/A					
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**					

Comments:

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

Week 3-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 4- 6 a,b,c,e,f- Great job working together with your assigned nurse, fellow students, and staff to achieve positive patient outcomes and provide quality care. Great job also with documentation in the electronic health record. BS

Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation experience. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 6 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep up the good work! AR
Week 7 (6c,f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Infusion Center clinical experiences. Keep up the great job! AR

Week 9 (6 e,f) Great job with documentation of interventions and medication administration during this clinical experience. Satisfactory completion of CDG post following CDG rubric guidelines. FB (3d) Satisfactory completion of an effective and concise hand-off report 30/30 points. LC/FB

Week 10 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 11 (6f)- Satisfactory discussion via CDG posting related to your patient management clinical experience. Keep up the great work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 3-7(d) Keyara, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL
Week 4- 7a,b,c,d- Great job in clinical these past weeks, Keyara. You have a great attitude and are going to be excellent in your new RN role in a few short months! BS
Week 5 (7a)- Satisfactory discussion via CDG posting related to your observation experience this week. AR
Midterm- You have done a great job during the first half of the semester! Keep it up as you complete the course. AR

Week 11 (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

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
1/18/2024	Impaired Urinary Elimination	Satisfactory. BS	NA/BS

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:

*End-of- Program Student Learning Outcomes

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

Student Name: K. Schneider **Date or Clinical Week:** 2				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Nice job identifying abnormal assessment findings and lab values. Relevant risk factors were also provided.
	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**	2	3 nursing priorities included. Top priority not highlighted. Additional needs include education regarding Foley catheter care and home health expectations. Appropriate assessment data highlighted. 3 potential complications and associated symptoms provided.
	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	
Respo	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Nice job with interventions. I would suggest additional interventions including
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

nding	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	assisting patient with ambulation to help ensure safety and education related to Foley catheter care and home health. Interventions listed are prioritized, include frequencies, are realistic, and have rationales provided.
	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	Abnormal assessment findings are all addressed and plan of care is terminated.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments: **Nice work on your care plan, Keyara! (Remember to put your name on assignments.) BS**

Total Points: **40/42 Satisfactory**

Faculty/Teaching Assistant Initials: **BS**

*End-of- Program Student Learning Outcomes

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

Student Name: Keyara Schneider **Clinical Date:** 01/23/2024-01/24/2024

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points:** 4 **Comments:** Great job providing a description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)-4	**Total Points:** 4 **Comments:** Excellent job describing the pathophysiology of sepsis. I would have liked for you to also explain the pathophysiology of pneumonia and how that led to your patient becoming septic. Your patient was also diagnosed with a pneumothorax, but this was secondary to the fall she had at the nursing home.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-0	**Total Points:** 4 **Comments:** Great job discussing your patient's signs and symptoms, and comparing them to the typical signs and symptoms presented with pneumonia and sepsis. You did not provide an explanation of how these signs and symptoms correlate with pneumonia or sepsis. In other words, you need to explain what is happening in the patient's body when they have pneumonia or sepsis that causes them to display these signs and symptoms.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3)-2 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3	**Total Points:** 11 **Comments:** Nice job correlating the patient's current diagnosis with all related labs. It would have been important for you to include the patient's blood cultures as well.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)	**Total Points:** 12 **Comments:** Great job. The head CT was performed

*End-of- Program Student Learning Outcomes

• All patient's relevant diagnostic tests and results included (3)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3	because the patient had a fall. This test did not necessarily correlate to the patient's pneumonia or sepsis.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)-2 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3	**Total Points:** 8 **Comments:** You did a nice job correlating the patient's current diagnosis with the related medications. You would have also wanted to include the additional IV antibiotic that was ordered- cefepime.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2	**Total Points:** 4 **Comments:** Great job!
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)-5	**Total Points:** 5 **Comments:** Overall, you did a nice job with your nursing interventions. Some other interventions that would have been important to include would be a full head to toe assessment, wound assessment, wound dressing changes, IV assessment, cough and deep breathing, and an intervention for continuous oxygen delivery via nasal cannula.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2	**Total Points:** 6 **Comments:** Excellent job!
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory	**Total Points:** 58/65 **Comments:** Satisfactory pathophysiology. Excellent job! BL

*End-of- Program Student Learning Outcomes

Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	

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

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

* Course Objectives

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Briana Busby, Olivia Arthur, Keyara Schneider, Lyndsey Sitterly
GROUP #: 5
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/27/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient heartrate of 48. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 89% on room air. Noticed patient's complaints of being "tired". Noticed patient has a cough. Noticed patient's heartrate of 166 and that EKG is abnormal. Noticed patient's low blood pressure 90/53. Noticed patient's low SpO2 89% on RA. Noticed patient with increased shortness of breath after fluid bolus. Noticed patient not responding to introduction. Noticed patient's heartrate on the monitor is 0.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase patient's heart rate. Interprets Atropine dose as 1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease patient's heart rate. Interprets diltiazem dose as 25mg IV bolus to be given over 10 mins, then diltiazem drip to be given at 10mg/hr. Interprets patient's complaints of shortness of breath is due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets EKG rhythm as ventricular tachycardia. Interprets patient is pulseless. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Obtains vital signs 99.4-49-16-106/64. SpO2 92%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a pain/cardiovascular assessment (including detailed questions about cardiovascular history and medications). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed vital signs. Provided education to patient on reason for atropine and possible side effects of medication. Notified the healthcare provider of patient's continued decreased

*End-of- Program Student Learning Outcomes

	heart rate and EKG rhythm changes (2nd degree type 2 and 3rd degree heart block). Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm (atrial fibrillation), and complaints of "there is a horse in my chest that is going to gallop out". Administers diltiazem 25mg IV bolus and then continuous drip of diltiazem 10mg/hr. for increased heart rate and EKG rhythm- reassessed patient and vital signs. Notified healthcare provider of patient's sustained heart rate and rhythm with decreased blood pressure. Administers Normal Saline 0.09% 500mL bolus for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 4L per nasal cannula. Notified healthcare provider of patient with signs and symptoms of fluid overload. Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Notified healthcare provider of patient with no pulse when code blue called. Begins CPR. Applied fast patches to patient. Administered Epinephrine 1mg IV push. Defibrillates patient, continues CPR.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). 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! 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. 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!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary**	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks

*End-of- Program Student Learning Outcomes

A= Accomplished **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: 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. 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. Satisfactory completion of the simulation scenario. Great job!

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes