

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)
4/2/2024	8	Missed day 1 of 4C clinical	
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	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	N/A	N/A S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	S	S	S			
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S	S	S			
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A			
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	AR	AR	AR	BS	BS				
Clinical Location	PM 3T	PM 4N	PM 3T	N/A	PD/ Scavenger hunt	N/A	N/A	N/A		QC/ SP	N/A	CD/IS	4C	4C	4P			

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1f) Make sure you are self-rating on actual skills performed the corresponding week. 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

*End-of- Program Student Learning Outcomes

Week 6 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Melinda was engaged in clinical, asks great questions and spoke well with patients.” Great job! AR

Week 9 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in isfacall areas. Great job today. Melinda was able to see an angioplasty, fistulogram, LP, IV starts, fluid aspiration. She is amazing!” Great job Melinda! Keep up the great work! AR

Week 11 (1b,c)- Satisfactory during your Cardiac Diagnostics and Infusion Center clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Melinda showed a huge interest in all thing’s cardiology. Nurse and patient interactions were wonderful. My coworker stated she was impressed by her understanding of the coronary anatomy.” Great job!! (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 12- 1a,b- Nice job assessing and managing care for your patient this week. 1d- You correctly identified your patient’s cardiac rhythm and we will continue to discuss cardiac rhythms next week. 1e- Medications were all administered while observing the rights of medication administration. BS

Week 13- 1a,b- Great job this week managing care for your patient and responding to complex patient care situations. 1d- Several cardiac rhythms were discussed. 1e- Medications were all administered while observing the six rights. Routes this week included IV, SQ, and IVP. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d) This competency was changed to a "S" because you are carrying out a plan of care through the implementation of interventions performed on the patient you are assigned. You are also applying the knowledge gained through your theory studies to utilize your clinical judgement skills as you deliver care at the bedside. FB

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Week 12- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient's condition. Please see rubric below for feedback. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

Week 13- 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 discuss your patient's diagnosis in your CDG this week. 2e- During debriefing you did a nice job discussing social determinants of health that could have an impact on your patient's health, well-being, and quality of life. BS

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

Comments:

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

*End-of- Program Student Learning Outcomes

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 6 (3b,c)- Satisfactory during Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Great job! AR

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

Week 11 (3c)- Outstanding discussion via CDG posting related to your Infusion Center clinical! AR

Week 13- 3a- You did a nice job discussing communication barriers during debriefing this week. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. BS

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	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
Faculty Initials	FB	FB	FB	AR	BS	BS												

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

Comments:

Week 2 A: An ethical observation that I made in clinical would be a patient having an IV disconnected while they were sleeping sometime and having to start another IV on him with a possibility of him going home. This is an ethical dilemma because he did not have any IV push medications or IV boluses that needed ran and his health had improved, he was just waiting for the Dr. to see him and let him know if he could go home or not. He was also DNR CCA without intubation so there would have been little need for an IV insertion. But on the other hand, the Dr. hadn't cleared him just yet to go home and could have ordered IV push or boluses for him still. It

*End-of- Program Student Learning Outcomes

would be wise to start an IV on him during some downtime as well instead of waiting to see if the Dr. sends him home or ends up ordering more medications. If we waited the Dr. might order fluids STAT and it might take longer for him to receive the medications.

Week 2 (4a) Great discussion, the best option would be to see if the physician was going to discharge the patient. If the patient was not discharged a new IV would need to be started. If the patient were to code without an IV in place, it is a lot harder to get access on the patient. This might delay lifesaving medications. This is an opportunity for great clinical judgement skills. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3 A: An ethical observation that I observed this week during clinical was that I had a patient who was type 2 diabetic, had an ongoing diabetic foot ulcer and had a gangrenous second toe. She was presented with either saving the toe and fighting the infection through antibiotics and risking the infection getting worse or just cutting the toe off. When I went in to hand a bag of lactated ringers, she was asking me what I would do if I was in her situation. I knew that this would be a good time to explore her feelings about fears she had regarding losing her toe and possible complications or improvements that could happen for both routes. This was tough because it is important not to give my opinion because I don't want her to feel pressured to decide simply because a medical personal would choose one over the other. But rather sat with her and listened to her fears and express her concerns and just made sure that she was educated in the possible outcomes for both. Such as if she decided to remove the toe, she might still have to take antibiotics for a while after surgery as well as physical therapy because it has the possibility to affect her balance depending on how deep/much of tissue passed the toe they needed to remove.

Week 3 (4a) You are correct, sometimes questions like these are difficult. The best thing to do is listen and educate, which it sounds like you did. Great job handling a difficult conversation with a patient. FB

Week 4 A: An ethical observation that I observed in clinical this week would be a patient that I had who came in with septic arthritis and was complaining of pain a 7/10 that would not improve. She was given Morphine sulfate IV and Oxycodone/acetaminophen PO rotating every 4 hours/PRN, as well as ice on the right knee for comfort and eliminating environmental stimuli. After administering the pain medication, either morphine or oxycodone I would walk in an hour after for reassessment of the pain and she would be sleeping. However as soon as she was able to have pain medication again she would complain of pain 7/10 and no improvement. She wasn't giving any signs indicating she was in pain and when walking in she often seemed relaxed or she was sleeping. However, since pain is subjective it is hard to tell whether she truly was in pain or just seeking pain medication. She could have a high pain tolerance and was able to manage the pain but as the medication wore off, it could have been more excruciating for her.

Week 4 (4a) Pain is subjective, and it is very difficult to assess at times. The pain medication might be helping her rest and sleep that is why she doesn't show any outward signs of pain. That is the objective of giving the medication. There are concerns of addictive behavior and as healthcare professionals we are programmed to watch for those signs. Remember to try and be nonjudgmental especially when it comes to assessing pain in all individuals. This can be difficult at times or in certain situations. FB

Week 6 A: An ethical observation that I observed while on clinical this week would be patient advocacy received a voicemail from a family member of patient who was upset that their loved one's complaints weren't being addressed and rather be dismissed by staff. This patient stated they were having tremors and were struggling to hold things such as their water without spilling it all over themselves. They do have a history of smoking as well as anxiety. A nicotine patch as well as Xanax was administered to the patient to help them sleep and "ease" their anxiety, however in the morning they were still worried about the care they were receiving. Once we had gone down and talked with the patient, they stated that the nurse outright asked them if they were an alcoholic or if they drank a lot of alcohol. The patients stated they understand that if we must ask certain questions as protocol but felt that it could have been worded differently, that they felt more like they were being accused rather than trying to figure out what the issue was. Once the doctor came in and talked with them, he seemed to care and wanted to investigate the matter further. It also was communicated that the patient drinks around a pot of coffee every day and hasn't had any since she has arrived at the hospital. Since the patient has had their coffee, the tremors have lessened. Ultimately the ethical dilemma is how you should go about asking the patient if they have a drink daily or what other possible daily lifestyle choices, they have that could be causing this problem, instead of jumping and being accusatory. Excellent example and proof of how important effective communication is! The tone of voice and the way words are spoken are vital! AR

Week 9 An ethical observation that I made during clinical was we had a 93-year-old patient who when she talked could only mumble a few words and was ordered for a paracentesis, she kept moaning in pain and complaining of pain but could not say where the pain was. Just as we got her down and, in the room, to start the procedure, we needed her to sign the informed consent, but she wasn't talking really at all and was given pain meds prior. Eventually it was found out that this woman's son was her POA, and he was given a call, thankfully he answered the phone and was on his way to the hospital. He was told of the procedure and then asked if he was willing to give consent, which he did. After the procedure this lady no longer complained of pain and was in a noticeably more relaxed state. Without her son answering the phone and her in pain we would not have been able to obtain consent and do the procedure. Which would have caused her to be in pain for longer than needed. What would have happened if the son hadn't picked up, and would the decision been made to leave her in agony or to perform the procedure? You want your patients to have autonomy and make their own healthcare decisions but at the same time you want to provide them with the care they need and help to relieve any suffering. **This is an excellent example. It would be interesting to know if the son knew about the procedure prior to the Special Procedure nurses call to him, and if he did why wasn't consent obtained prior to her coming to the department. Thanks for sharing. AR**

Week 11: An ethical decision I witnessed at clinical this week was a patient that came in for a wound change for his bilateral foot ulcers due to uncontrolled diabetes. The patient was in on Monday for a dressing change and reported increased pain in his left foot. His leg was red, which he stated that's normal for his leg, however the RN that had him Monday said it wasn't as bad as it was on Wednesday. Initially the patient stated he wasn't taking any antibiotics but then later said he was taking Bactrim that he had left. There was also an additional blister that had formed and another that had popped. This patient is at risk for developing sepsis and having further complications if he doesn't get wound cultures/started on antibiotics as soon as possible. The RN caring for him wanting his to get seen today and tried to call his doctor office and get something set up, however was unable to and had to leave a message for them to call her back. The problem comes where you tell the patient that they need to go to the ER and get checked out because you as the RN are worried that this wound might progress to something more severe. Because not all patients have the money or the time to sit in the ER and you don't want to be held responsible if you recommend, they go and they just get sent home like it's not a big deal. However, if you don't recommend that they go and they just go home and it was more serious like progression to sepsis and they become ill they might blame you or worst case try to sue you. But at the same time you have a responsibility to care for that patient and with your nursing judgement provide the best care possible and recognizing when they need further evaluation or treatment from a doctor. **This is a perfect example! It is our duty to report as this RN did and to educate (and document well) the patient on what they should do and the reasons why. Unfortunately, many patients or families don't take the advice which can result in further health issues/concerns. It's like the old saying "you can lead a horse to water but you can't make them drink". Thank you for sharing this situation via CDG posting and through discussion for this competency. AR**

Week 12: An example of a legal issue that I witnessed this week at clinical was that the patient had to be intubated and could no longer make decisions for himself. However, he did have a power of attorney who was his daughter in law, but was also married. To start, initially he gave consent to be intubated and elected for lifesaving measures to be done. But that also took away his right to decide for himself on whether he wants to keep receiving medications and other lifesaving measurements. You hope that the POA will uphold what you would want but what if they kept choosing life-saving measurements as something they wanted and not looking at what is best for their loved one. As mentioned earlier about the wife, does she have a say in any of the healthcare because they are married, or does a POA have all and any say? This could also cause some ethical issues, especially with family dynamics if they have different perspectives on his care. **Yes, this is definitely an unusual situation. In this case, the POA would trump the spouse when it comes to making medical decisions. Not sure if there are problems between the spouses or something, but this could be messy if the people involved do not agree on things. BS**
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 13: An example of an ethical issue that I witnessed this week on clinical was having a patient who had multiple complications and the nurse needing to give the patient the best care possible, however the family having questions about care being done. The family had little to no medical background and often asked the same questions multiple times and usually at the worst possible time. For example, our patient was stable like 95% on 2L NC but slowly started to maintain her oxygen saturation in the high 80s, so the nurse increased the amount of oxygen she was getting to 5L. Shortly after the family showed up. The nurse initially didn't want to say anything to the family until she had a better idea of what was going on and what was causing her to be SOB and having these breathing issues. The issue comes into

*End-of- Program Student Learning Outcomes

play where the family has a right to know what is going on even if you aren't entirely sure what's going on, but just made aware in case they must make the decision to intubate her and that it doesn't come as a surprise. If able to maybe ask the charge nurse to come in with you or another nurse to help you or maybe help to answer some of their questions. **Good point, Melinda. Families do deserve to be kept informed. Open communication goes a long way in building trust, especially for patients in the ICU, who often have multiple problems/diagnoses going on all at once. Families will be scared/nervous/inpatient (which will affect their demeanor), but they should be informed. BS**

Week 14: An ethical issue I witnessed at clinical this week was a doctor telling patients that they were told months ago they had bladder cancer and since they didn't take care of it then that they are going to die. The doctor does have an obligation to talk to the patient and tell them when there is no longer any care that they can do. However, this doctor was upset that he was called to consult with this patient to begin with. Stating how this patient needed to be transferred elsewhere to receive the care he needed. Care should be taken when talking with a patient and determining and end of life discussion, and not the way this doctor handled things. He said it a few times and you could tell this broke the patient as he became withdrawn and was closing his eyes. The patient then after a minute opened his eyes and said I don't want to die, I want to do something. The doctor made it seem like it was the patient's fault for not getting surgical removal of the tumor or radiation done however the patient also had colon cancer and was taking care of that and couldn't do both treatments at the same time and that's why it wasn't managed then. Instead of being accusatory the Dr. Could have had a conversation with the patient and found this out.

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
------------------	---	---	---	---	---	---	---	---------	----------	---	----	----	----	----	----	----	---------	-------

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Satisfactory in all areas, except excellent in Provider of Care: Demonstrates prior knowledge of departmental/nursing responsibilities. Student goals: “Being more organized and clustering patient care when in their room and not going in and out several times.” No additional Preceptor comments were noted. NM/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: No student goals were provided, make sure to provide a goal for each next experience. Additional Preceptor comments: “Overall you did a great job. You are going to be a great nurse. A natural caregiver.” AT/FB

Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: “Cluster care.” No additional preceptor comments. DS/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas except delegation. Student goals: “Review orders and review afternoon meds.” Additional Preceptor comments: “Melinda did a great job with her 4 patient load. She was kind and followed proper protocol for her care.” MM/FB

Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas, except satisfactory in delegation. Student goals: “time to review physician procedures/diagnostic notes as well as lab values.” Additional Preceptor comments: ”Melinda is very kind and thorough. She explains all meds and procedures confidently to her patients. She is willing to assist in any task. She asks appropriate questions, will be a wonderful nurse.” SS/FB

Week 9 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 12- 5a,b- Great job in the clinical setting this week, assessments and patient care were thorough and well done. BS

Week 13- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness both a central line placement and an extubation. 5c- You also did a nice job in your CDG of describing actions you took to create a culture of safety for your patient. BS

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	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	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	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	S	S			
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S	S	S			
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	S	S			
Faculty Initials	FB	FB	FB	AR	BS	BS												

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. (6f) Make sure to place discussion question under the correct instructor for review. FB

Week 3 (6d) Great job with effective and accurate hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. No additional RN comments. DS/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

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

Week 9 (6f)- Satisfactory CDG postings related to your Special Procedures clinical and Quality Assurance/Core Measures observation. Keep up the great work as you complete the semester! AR

*End-of- Program Student Learning Outcomes

Week 10 (6c,f)- Outstanding discussion via CDG postings related to your Cardiac Diagnostics and Infusion Center clinical experiences! Keep up the great work as you complete the semester! AR

Week 12- 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- Documentation was timely and well done. BS

Week 13- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your pathophysiology CDG this week. BS

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

Comments:

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

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

Week 9 (7a)- Satisfactory discussion via CDG posting related to your Quality Department observation. Keep it up! AR

Week 12- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 13- 7a,b- You showed enthusiasm this week and were able to observe a few bedside procedures commonly performed in the ICU setting. You also did a nice job researching and summarizing an evidence based article pertinent to your patient. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** 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:		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:							
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)		
	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. 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)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	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		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	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		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

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

Student Name: M. Pickens

Clinical Date: 4/3/2024

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: 4 Comments: Nice job describing your patient's current diagnosis and past medical history.</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: 6 Comments: Great job discussing the pathophysiology of your patient's disease process.</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: 6 Comments: Nice work making correlations between your patient's signs and symptoms and his current diagnosis.</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: 12 Comments: Great job making correlations between your patient's diagnoses and all related laboratory results. Rationales provided as well.</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: 12 Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p>	<p>Total Points: 9 Comments: Very good job making the connections</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>between the medications your patient was receiving and their role(s) in treating his condition.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: 4 Comments: Nice job discussing your patient's past medical history and making correlations to his current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: 6 Comments: Nice job providing a prioritized list of nursing interventions with rationales.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: 6 Comments: Good discussion of the interdisciplinary team members and their roles in your patient's care.</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: 65/65 Comments: Satisfactory. Great work, Melinda! BS</p>

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

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): **Destiny Hamman, Shawnita Miller, Melinda Pickens, Mira Sweat**
 GROUP #: **2**
 SCENARIO: **Week 8 Simulation**
 OBSERVATION DATE/TIME(S): **2/26/2024 1000-1200**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices patient is complaining of fatigue and weakness. Notices patient's heart rate is decreased. Notices patient's heart rhythm changed and heart rate decreased after Atropine was administered.</p> <p>Notices patient's heart rhythm is abnormal and heart rate is increased. Notices patient is complaining of shortness of breath and heart palpitations. Notices patient's blood pressure is decreased and heart rhythm did not change after medication. Initially does not notice history of CHF before administering fluid bolus. Notices patient has a worsening cough and shortness of breath after fluids.</p> <p>Initially does not notice patient is unresponsive.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to increase the patient's heart rate. Initially does not interpret the correct dose of Atropine. Recognizes the patient's decreased heart rate is likely due to the patient's metoprolol. Initially interprets patient's second heart rhythm as a third-degree heart block, then interprets it as a second-degree type I rather than a type II.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Interprets the need for medication to decrease the patient's heart rate and control the rhythm. Interprets the correct dose of diltiazem to be administered. Recognizes the need to administer a fluid bolus to increase blood pressure. Interprets patient's lung sounds as crackles after fluid bolus.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct dose of medications. Interprets patient's low potassium as a potential cause for cardiac arrest.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <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 <p style="text-align: center;">B</p>						<p>Introduces self and identifies patient. Places patient on the monitor, obtains vital signs, and performs an assessment. Calls physician and provides SBAR. Recommends an order for Atropine and oxygen. Places the patient on 2L of oxygen via nasal cannula, then increases it to 3L. Communicates well and educates the patient. Administers 1 mg of Atropine IVP. Begins focusing on a GU assessment, does not reassess patient's vital signs or heart rhythm right away. Reassesses heart rhythm and vital signs. Calls the physician. Recommends an order for epinephrine and transcutaneous pacing. Places patient on a non-rebreather mask.</p> <p>Introduces self and places patient on the monitor. Obtains vital signs. Places</p>

*End-of- Program Student Learning Outcomes

	<p>the patient on oxygen. Calls physician and provides SBAR. Recommends amiodarone for treatment, as well as diltiazem. Identifies patient after being prompted by the physician. Communicates well with the patient and provides education. Administers diltiazem bolus of 25 mg, followed by a 10 mg/hr gtt. Reassesses patient's vital signs and heart rhythm. Calls the physician to provide an update. Recommends amiodarone and a fluid bolus to increase blood pressure. Administers fluid bolus. Stops fluid bolus after respiratory symptoms present. Calls physician. Recommends amiodarone and cardioversion.</p> <p>Introduces self. Places patient on the monitor. Does not check patient's pulse. Calls code blue. Begins CPR. Defibrillates patient. Administers epinephrine 1 mg IVP. Patient is not bagged at all. Considers the use of amiodarone.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge</p>

*End-of- Program Student Learning Outcomes

<p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* 	<p>base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>Satisfactory completion of the simulation scenario. Great job!</p>
---	---

2024

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BL/BS

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

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

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

Student eSignature & Date:

ar 12/13/2023