

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)
01/30/2024	8	Missed 4P clinical due to illness	02/07/2024 0700-1500
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	S	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	S	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	S	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	S	NA	NA	S	NA	NA	
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
Faculty Initials	CB	CB	BL	BL	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR				
Clinical Location	4C 63 M 65 F	4C 63 M	4P 79 F	4P QC	CD IS Multi-age	SP				4N 83M 77F	3T 89 F 54 M 51 M 76 M	3T 51 M 61 M 59 M 48 M 66 M 68 M	PD SH	DH Reschedule	DH	No clinic al	No Clinic al	

Comments:

Week 2(1a,b,d,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the six rights of medication administration and utilized the BMV system. You did a great job responding to different alarms related to your patient's. CB

*End-of- Program Student Learning Outcomes

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, IV push, SQ, IM), following the six rights of medication administration. Great job! CB

Week 4-1(a-e,g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. All six rights of medication administration were followed during all medication passes. You administered PO, IV and IVP medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL

Week 5-1(a-e,g) Olivia, you did an excellent job this week managing a complex patient on 4P. You gained experience in caring for a patient with a chest tube for the first time, and you were able to administer medications via an NG tube. Your care was done in a timely manner, and all assessments were thorough and accurate. Keep up all your hard work. BL

Week 6 (1b,c,f)- Satisfactory during Infusion Center and Cardiac Diagnostics clinical experiences and with discussion via CDG postings. Preceptor comments: Infusion Center- "Excellent in all areas. Student successfully started 4 IVs. Witnessed blood admin, port/PICC lab draws, IVIG, and multiple other drugs. Primed multiple IV lines."; Cardiac Diagnostics- "Excellent in all areas. Olivia was very engaged throughout her clinical day. She asked very good questions." Keep up the great work! AR

Week 7 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. IV starts with success, observed paracentesis, pacemaker MRI, myelogram. Actively interested, asked good questions." 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

Week 12 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2(2a,b,d,e): Great job this week formulating a care map related to your patient. You were able to notice abnormal assessment findings to interpret your patient's priority problem, and recognize potential complications related to that problem. You were Satisfactory on your care map, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 3(2a,e): Olivia, great job completing your pathophysiology, you were Satisfactory, please see the grading rubric below. You do a great job respecting your patients and family's needs, ensuring that optimal care is provided around their needs. CB

Week 4-2(b,c) Great job discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

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

Objective

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

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

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 4-3(b) Great job participating in the discussion of quality indicators and core measures. BL

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

Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 9 (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 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. (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

Week 12 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, documentation, and with discussion via CDG posting. Keep up the great work! AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2: This was not quite an issue yet, however, many of the healthcare personnel I worked amongst on Wednesday believed that my patient would not wake back up after his cardiac arrest due to an anoxic brain injury. He was an organ donor so Life Bank was contacted, however, his family can choose not to donate his organs even if it would benefit for the greater good. This kind of falls under beneficence in the way that donating his organs would be following what the patient wanted and also helping other patients in need. It also falls under the ethical principle of "utility," in which "actions are to be judged by their usefulness" (Broome, 2008).

Broome, John. "Utility." Cambridge University Press. 05 December 2008. <https://www.cambridge.org/core/journals/economics-and-philosophy/article/abs/utility/56CF937C558E9733551694609069B2E1>

Week 2(4a): Olivia, this is a great example of a legal and ethical issue. I know that I have had patient's in this situation, and this is why we discuss the importance of having all wishes documented, and having someone that will stand by your wishes as a designated POA. CB

Week 3: I had the same patient as last week pertaining to the organ donation issue. He was not brain dead and has since been extubated, however, he sustained an anoxic brain injury that has altered his memory and orientation. His daughter is not grasping how severe his condition is and is looking for quick answers and was expecting for him to be discharged home so she can go back to Florida. However, he requires placement somewhere for continued care and I worry that the daughter will place him in the cheapest and closest facility without doing any research to see where he would fit best. She also changed his code status to DNRCCA without intubation because she states "This isn't what he would want."

Week 3(4a): Unfortunately, you are going to see this a lot in your career. Families sometimes don't understand that it takes time to find answers and see if a patient can recover to what life was before becoming sick. Always remember the best thing you can do for family members is educate them on what is going on and keep them in the loop of what is happening. CB

Week 4: Bri's patient had quite a bit going on with him and while Bri is an LPN, she is still a nursing student and the patient's primary nurse should have been assessing him and re-assessing him more often than she was. Had anything happened to that patient, it would've fallen on the primary nurse, which could bring up a multitude of

*End-of- Program Student Learning Outcomes

different legal issues. While I usually try to search for legal/ethical issues that occur amongst patient's and their families, I thought this one was an important one to highlight as it gives us students a good example of how we should not be as nurses. Olivia, unfortunately the primary nurse for Bri's patient this week gave us many examples to identify for legal and ethical issues. The nurse never went into the patient's room to do an assessment; therefore, she was falsifying the patient's medical record documenting on all of the interventions that she had not even completed herself. Its unfortunate you both had to witness this, but as you mentioned, there is something to be learned from this situation as well. BL

Week 5: An example of a legal/ethical issue this week is my patient has skin tears on both forearms and one was not dressed. I followed the skin tear wound dressing per Firelands Nursing Protocol, however, his arm was becoming increasingly more red, swollen, and warm. I suspected some sort of infection, however, if myself or his primary nurse did not report these findings to the doctor, the patient's health could decline even more and his family would have the right to take legal action. Great job, Olivia. It is very important that the RN keeps the healthcare provider informed of new or worsening findings so the patient can be treated appropriately. BL

Week 6: I didn't observe this first hand, but it's definitely an ethical issue that could arise in the infusion center. If someone needed a blood transfusion, but their religious beliefs interfere with receiving the blood. This could cause an issue if the patient needs the blood to recover. In this situation we may have to call in a chaplain or personnel from their church/religious affiliation to give insight on this problem and discuss things with the patient. Perfect example, and one that could easily occur. AR

Week 7: A legal issue that could arise is if the patient with a pacemaker is undergoing an MRI and the nurse is not paying attention to the heart monitor and an issue occurs that is not caught before intervention, the patient could go into cardiac arrest and the legality of it would fall on the nurse and the MRI staff for not paying close enough attention to the monitor to take action before the patient coded. This is an excellent example! I am glad you were able to witness a MRI on a pacemaker patient. AR

Week 9: A legal and ethical issue I observed this week was one of my patients refused to be washed up. This would be a legal issue because the patient has the right to refuse care, however, it could also be an ethical issue because it follows the ethical principles of beneficence and non-maleficence by promoting patient health and preventing skin breakdown. Great example, patient's do have the right to refuse. At times it is reflective of how it is approached. If a patient does not feel comfortable with the individual, they may refuse. In these cases, it is best to educate the patient on the importance of hygiene care. FB

Week 9 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 10: An ethical issue I observed this week is my patient was placed on NPO status due to his declining ability to swallow food and liquids without aspirating. Speech therapy and his physician decided that the only options he has are placing an NG tube, a PEG tube, or comfort care. The son, who has not been involved with his care up until this point, finally called and said he wanted another dysphagia screening before deciding between the 3. This patient is in rough shape and if the son decides to have a tube placed, it kind of becomes an ethical issue pertaining to the patient's quality of life and his own wishes. The patient is unable to communicate his wishes due to a stroke that caused chronic aphasia so we really don't know if he would want a tube placed or to just be put on comfort care measures. Great example, it is so important to have these difficult conversations before the situation gets to this scenario. I wonder if the son had any contact or relationship with the patient before the patient was unable to speak for himself. Families often have a hard time making decisions even if the individual has told them their wishes. That is why the conversation and written wishes to back up those wishes is very important. FB

Week 11: An example of a legal issue that could have occurred, but did not actually happens is one of my patients had a scheduled cardioversion down in cardiac diagnostics which may require an informed consent because it was not an emergent situation. It is crucial as the nurse to ensure that the informed consent is signed and the patient understands the procedure they are about to undergo and any complications that may occur. The nurse is responsible that the consent is signed and that the physician has gone through possible complications associated with the procedure. If the patient has questions, the nurse can answer to the best of her ability, but make sure that the physician is aware so they can clear up any misunderstanding or confusion. The nurse must also make sure that the patient was not given any mind altering medication before signing the consent. Great example of a legal issue. FB

Week 12: An example of a legal issue that could have occurred is if the patient was complaining of mistreatment by healthcare staff and the patient advocate and nursing manager don't look into the situation to see if any documentation has occurred on encounters with this patient. If nothing is done to correct whatever issue may be going on, the patient and their family may initiate a legal battle to fight the hospital on inadequate care. **This is a great example. I am sure the Patient Advocate faces many issues like this. AR**

Week 14: An example of a legal issue that could occur in digestive health is an anesthesia overdose accident. If an anesthesiologist is not paying careful attention, too much anesthesia can cause a person to overdose, potentially causing hypotension, respiratory depression, and even death. This could initiate legal action by the patient and their family against the anesthesiologist and hospital.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB

Week 3(5a): Olivia, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

Week 4-5(b,c) Olivia, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

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

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Excellent in all areas. Student goals: "Feel more confident in managing my time between more than one patient." Additional Preceptor comments: "Great patient care. ER background shows." JW/FB

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/19/2024– Excellent in all areas. Student goals: “Feel more confident getting assessments done before med pass without feeling extremely rushed.” Additional Preceptor comments: “Olivia did great with 2 patients today! Care was very well organized. Very eager to help. Great patient care! Is going to make the best RN!” CA/FB Reported on by assigned RN during clinical rotation 3/20/2024- Excellent in all areas. Student goals: “Be better at delegating tasks to assistive personnel if I need help.” Additional preceptor comments: “Olivia, took 2 patients today and did a great job. Was very helpful on such a busy day. Attended a code in dialysis, and did compressions correctly. Placed a female foley with sterile technique. Excellent job today. Make sure to utilize your delegation skills when needed!” CA/FB

Week 11 (5a)- Reported on by assigned RN during clinical rotation 3/26/2024. Excellent in all areas. Student goals: “Better time management with charting.” No additional Preceptor comments. JF/FB Reported on by assigned RN during clinical rotation 3/27/2024 Excellent in all areas, except satisfactory in Provider of Care: establishment of plan of care, Manager of care: delegation. Student goals: “Understand what all contributes to a patient’s discharge process.” Additional Preceptor comments: “Olivia is very knowledgeable regarding the nursing process-she is careful to check and re-check medications and doses.” ML/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
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)	NA S	S	S	S	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
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	NA	NA	S	S	S	NA S	NA	NA	NA	NA	NA	
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	S	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	S	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
Faculty Initials	CB	CB	BL	BL	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR				

Comments:

Week 2(6b,d): I changed competency 6b to a "S" because you did educate your patient while administering medications. Your patient did not know the name or reasons for medications, but you were able to provide that information. Also, great job with your hand-off report, you were Satisfactory scoring a 30/30 per the hand-off report rubric. You provided a very thorough and detailed report on your patient, good job! CB

Week 3(6a,b,c,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB

Week 4-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 6 (6c,f)- Satisfactory discussion via CDG postings related to your Cardiac Diagnostics and Infusion Center clinical experiences. Keep up the great work! AR

Week 7 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Great work! AR

*End-of- Program Student Learning Outcomes

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 Satisfactory completion of an effective and concise hand-off report 30/30 points. FB

Week 10 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. Additional comments provided: “Amazing job with end of shift report!” CA/FB 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

Week 12 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical. (6f)- Satisfactory with both CDG postings for this week. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S	S	S	NA	S	NA	NA	NA	
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	S	S	S	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	NA	S	NA	NA	NA	
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	NA	S	NA	NA	NA	
Faculty Initials	CB	CB	BL	BL	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR				

Comments:

Week 3(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. CB

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Risk Stratification of CVD in Type 2 Diabetes." Excellent job! BL

Midterm- 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

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

<u>Skills Lab Competency Evaluation</u> 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	CB/BS	BL	AR	FB/BL/ CB/BS	AR	FB/CB	BL/BS	BL/BS	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
Jan. 16, 2024	Impaired Gas Exchange	S/CB	NA

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

Comments:

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

Student Name: Olivia Arthur				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: Jan. 16, 2024-Week 2							
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	Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. My only suggestion for this portion of your caremap is that you include all abnormal assessment findings, examples including skin assessment and mobility.
	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	All nursing priorities that are related to your patient should be listed. I would have also included chronic pain, deficient knowledge related to medications, risk for falls, risk for decreased cardiac perfusion, risk for infection, and risk for injury. You did a great job correlating all of your abnormal assessments to your priority problem of impaired gas exchange. My only suggestions is highlighting Hx of mediastinal mass because that
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

*End-of- Program Student Learning Outcomes

							is the reason she had the procedure performed and it definitely correlates to impaired gas exchange. Good job listing potential complications of your priority problem and including s/sx of each of those potential complications.
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Good job listing nursing interventions for your patient related to impaired gas exchange. These interventions are prioritized, individualized, and realistic, including a frequency and rationale.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	Good job reflecting on abnormal assessment findings. Although lab and diagnostic testing may have not changed, you should reflect on all highlighted findings from the first two boxes on the caremap. Terminating the plan of care is appropriate for your patient considering she was being discharged.
	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							Total Points: 40/42

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: Olivia, you did a great job on your caremap for 4T. You were thorough and included appropriate data that correlated with a priority problem of impaired gas exchange.

Faculty/Teaching Assistant Initials:

CB

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

Student Name: Olivia Arthur

Clinical Date: 1/23-24/2024

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 discussing 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)-6	Total Points: 6 Comments: Excellent job! Pathophysiology is detailed and accurate.
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)-2	Total Points: 6 Comments: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) - All patient's relevant lab result values included (3)-3 - 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: 12 Comments: Excellent job, Olivia! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) - 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	Total Points: 12 Comments: Excellent job, Olivia! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.

(3)-3	
6. Correlate the patient's current diagnosis with all related medications. (9 points total) - All related medications included (3)-3 - 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: 9 Comments: Great job including all medications, all information is detailed and accurate.
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 correlating the patient's past medical history with current diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) All nursing interventions provided for patient prioritized and rationales provided (6)-6	Total Points: 6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.
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: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory 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	Total Points: 65/65 Comments: Excellent job, Olivia! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB

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

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

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

Student eSignature & Date:

ar 12/13/2023