EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Megan Barber

Final Grade: <mark>Satisfactory</mark>

Semester: Spring

Date of Completion: 04/19/2024

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: Brittany M. Lombardi, MSN, RN, CNE

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)
2/14/2024	**5H**	**Missed PD and Quality Scavenger Hunt due to illness**	**Sched. 2/22/2024- Done**

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	NA	NA	NA	NA	NA	S	NA	S	NA	S	S	S	NA	NA	S
b. Assess comprehensively as indicated by patient needs and circumstances. **(Noticing)**	S	S	S	NA	NA	NA	NA	NA	S	NA S	S	NA S	S	S	S	NA	NA	S
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	NA	NA	NA S	NA	NA	S	S	S	S	S	S	S	NA	NA	S
d. Interpret cardiac rhythm; determine rate and measurements. (**Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	NA	NA	S	S	S	NA	NA	S
e. Administer medications observing the six rights of medication administration. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	NA	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	S	NA	S	NA	S	S	S	NA	NA	S
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BS**	**BS**	**BL**	**BL**	**BL**	**BL**
Clinical Location	3T	4N	3T	NO CLINICAL	CORE MEASURES	PATIENT ADVOCATE/DISCHARGE	SIMULATION	NA		CARDIAC DIAGNOSTICS	INFUSION CENTER	DIGESTIVE HEALTH, SPECIAL PROCEDURES	4C	4C	4P			

Comments:

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

*End-of- Program Student Learning Outcomes

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

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 7 (1c)- Satisfactory Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Megan was engaged in clinical, asked questions and spoke well with patients." Great job! AR

Week 9 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Megan seem very willing to learn about the different procedures. She asked some very well thought out, pertinent questions. Great job Megan!" Keep up the great work! AR

Week 10 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Keep up the great work! AR

Week 11(1b,c)- Satisfactory during Specia Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in all areas. Several IV starts, observed paracentesis, thoracentesis, liver biopsy." Great job! AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 12- 1a,b- Nice job assessing and managing care for both of your patients this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered while observing the rights of medication administration. Nice work! BS

Week 13- 1a,b- Great job this week managing and responding to complex patient care situations. 1d- You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, and IVP. The care you provided was timely and documented well. BS

Week 14-1(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. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You administered PO, IVP and IV 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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:
Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB
Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB
Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB
Week 12- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate a prioritized care map related to your patient's condition. Please see the rubric below for feedback. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

*End-of- Program Student Learning Outcomes

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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 formulate your pathophysiology CDG related to your patient's condition. Please see rubric below for feedback. 2e- 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

Week 14-2(b,c) Great job in debriefing 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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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Objective

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

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

Comments:
Week 2 (3a,d,e)- Great discussion, you provided barriers among team members, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB
Week 3 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB
Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB
Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR
Week 7 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Keep up the great work! AR
Week 10 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Great job! AR
*End-of- Program Student Learning Outcomes

Week 12- 3c- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS
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
Week 14-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2: one possible legal issue I observed was a patient's family member calling asking for information on the patient, but they were not listed on the patient's contact list, so we did not give out any information. If we had given the information it would be a violation of HIPAA.

Week 2 (a,c) Great job noticing the violation of HIPAA and the need to look up patient's identified contact individual before offering any information on the patient. You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3: one ethical issue I observed was a homeless man was admitted, and he had three guests with him that were not relatives, and stated that they were homeless as well. They all insisted that they each receive their own meal tray, we educated on the rules of only the patient receiving a tray and that they were more than welcome to access the cafeteria downstairs.

Week 3 (3a) That's a tough ethical issue, you don't want people to starve but the hospital cannot feed individuals that are not hospitalized. If the patient is homeless he probably does not have any insurance so the hospital will get no reimbursement for any care that is delivered. FB

Week 4: one ethical issue I observed was with one of my elderly patients, they made medical decisions for themselves that contradicted what their children wanted, the children wanted to change the decisions.

*End-of- Program Student Learning Outcomes

Week 4 (3a) If the patient is of sound mind or has already provided documentation of their wishes, those should be followed. It makes it very difficult if the family is not granting the wishes of the patient and the patient is not capable at the time of care to express their wishes. This puts healthcare providers in a very difficult position. At times these issues have to be presented to the ethical committee of the facility if requests of the family are not reasonable or there are ulterior motives. FB

Week 6: one ethical issue that we could have experienced in the core measures clinical would be when providing education and there is conflicting information, as some patients base their lifestyles and medical decisions off of religious beliefs. There may be times education contradicts these beliefs. Excellent example! A situation like this would required thorough and accurate documentation and notifications. AR

Week 7: one possible legal issue that I observed was during my patient advocate clinical, we visited a male patient who stated he had an unpleasant experience in the emergency room before being transferred, stating that one of the staff performed an action it seemed he wasn't educated on before hand, if this is the case then it would be without consent and a possible legal issue. This is a great example but concerning. Patient education and consent in so important! AR

Week 9: one possible legal issue with cardiac diagnostics, although I did not witness it, would be informed consent. It is very important for there to be thorough education of the entire procedure, and to answer any questions the patient may have beforehand. You are absolutely correct; great example for your Cardiac Diagnostics experience. AR

Week 10: one possible issue with the infusion center can relate to equality. While we are taught that everyone receives the same treatment regardless of personal factors, there are medications that need to be preauthorized for administration by the physician and insurance companies, if they are not then they are refused to be administered due to the high cost. If the patient cannot afford them and cannot be approved, they do not receive them. This is a great example for the Infusion Center. It could be considered ethically wrong to not treat those patients. Excellent example and one I had not thought of before. AR

Week 11: one possible issue with the digestive health clinical would be a patient refusing care or an IV start from a student, or a nurse allowing a student to do it without getting permission from the patient first. This is a great example for Digestive Health. AR

Week 12: an issue that I noticed quite frequently this week was conflict of wishes between family members and medical staff. For example, one of my patients was two days post stroke and had expressive aphasia as well as right sided facial droop and was unable to perform ADLs on her own. Her family insisted that she return home even though it was apparent she was not ready to. They did not seem to understand how dangerous that would be. Good example, Megan. Many people do not understand the many debilitating effects that often come with a stroke. She seemed to have a supportive family, but you are correct and they may be getting in over their heads without some time spent in rehab. She is there now so hopefully she is getting the care she needs to return home. BS

Week 13: one ethical issue I observed is the family of one of my patients was from out of town and they could not afford a hotel room so they slept in the hospital lobby which is not allowed per hospital policy, and we were told there is nothing the hospital can do to house them temporarily until they are able to return home. Good point, Megan. This family is in a terrible situation and I think very soon they will have to make some tough decisions, given her prognosis. All this compounded by having limited resources. Sad situation. BS

Week 14: one ethical issue I witnessed in the clinical setting: I was sitting in the hallway and overheard a physician speaking to a patient in a very aggressive tone. The patient had a complex history of chronic and severe illness and the physician stated that the patient should have been seen for the issues months ago and that there was no reason for him to be consulted and flat out told the patient "You are going to die". He claimed he was just a straightforward person but from my perspective it was inappropriate and caused the patient to become further depressed and concerned about his current condition. Great example, Megan. It is completely inappropriate that a physician would ever speak to a patient this way. Its unfortunate that the RN was not in the room during this conversation to advocate for the patient and maybe put a stop to the way the patient was being treated. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:
Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas. Student goals: "To prepare for multiple patients, my self-goal is to be a little quicker with med pass." Additional Preceptor comments: "First day back wen well. Will get confident as time goes on! Great job! Got to watch a para and learn about vit. K and albumin pre and post procedure benefits." ER/FB
Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas, except NA for delegation. Student goals: "To be quicker with writing down report at beginning of shift." Additional Preceptor comments: "Very friendly, knowledgeable, and prepared. Will make a great RN and her report taking was just fine." LC/FB Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: "Cluster care." Additional preceptor comments: "Megan demonstrates her knowledge and skills professionally and adequately. She will be a great nurse!" MS/FB
Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas. Student goals: "Faster assessment while keeping it thorough in the morning first round to keep up with meds." Additional Preceptor comments: "Great at communicating and asking questions when she doesn't know. Great job!."
SG/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas, except satisfactory in collection/documentation of data. Student goals: "Quicker with navigating Meditech's new system." Additional Preceptor comments: Had a great day of clinical! Always ready to learn and ask questions." AT/FB
Week 6 (5c)- Satisfactory discussion related to your Quality Department observation. AR

*End-of- Program Student Learning Outcomes

Week 12- 5a- Good performance in the clinical setting this week. 5b- You were able to observe an intubation, a bronchoscopy, and a central line placement this week in clinical. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 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. BS

Week 14-5(b,c) Megan, 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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 3 (6d) Great job with effective and accurate hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. RN comments: Megan gives great reports with all necessary information!! MS/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 4 (6f) This competency was a changed to an unsatisfactory because the post was to include a detailed education plan for one of your assigned patients. The education plan was very brief and did not fully meet the requirements. You also did not provide an in-text citation. If two criteria are not met as stated on the CDG grading rubric the post is considered unsatisfactory. This week's CDG provided a 2-hour timeframe, therefore there should have been detail on what education was provided, how it was provided, how it was evaluated after delivery, and any barriers of follow through. Make sure you are being thorough in your posts, answering the post entirely, and following the CDG grading rubric. (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

*End-of- Program Student Learning Outcomes

I will ensure to complete CDGs to their entirety and include more details in the future, as well as ensure that I have an adequate citation. Thank you for addressing the "U". Even though you didn't have a CDG this week I have given you a satisfactory because you addressed the U. Thank you. AR

Week 6 (6f)- Satisfactory CDG posting related to your Quality Department observation. Keep up the great work! AR

Week 7 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner clinical experiences. Great job! AR

Week 9 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Keep up the great work as you complete the semester! AR

Week 10 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical. Great job! AR

Week 11 (6f)- Satisfactory discussion via CDG posting related to your Special Procedures clinical. Keep up the great work! 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. 6d- You did a great job on your handoff report during debriefing. 6e- Nice job with documentation this week of clinical. It 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- Good work on your pathophysiology CDG this week. BS

Week 14-6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all of your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:
Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB
Week 6 (7a)- Satisfactory discussion related to your Quality Department observation. AR
Midterm- Great job in all clinical experiences throughout the first half of the semester! Keep up the great work as you proceed through the remainder of the course. AR
Week 12- 7d- ACE attitude displayed at all times on the clinical floor. BS
Week 13- 7d- ACE attitude displayed at all times on the clinical floor. BS
Week 14-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Effectiveness of Nurse-Led Heart Failure Self-Care Education on Health Outcomes of Heart Failure Patients: A Systematic Review and Meta-Analysis." Excellent job! 7(d) You consistently demonstrated all the qualities of "ACE" this week on 4P. Keep up all your hard work. You will be an excellent RN! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
4/2-4/3/2024	Impaired mobility	Satisfactory/BS	NA/BS

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: M. Barber		**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: Week 12			

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included.
	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	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Nice job here. I would suggest additional interventions including vital signs, assess patient's ability to swallow safely, ability to take medications, educate on the importance of medication
	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	

*End-of- Program Student Learning Outcomes

		> 75% complete	50-75% complete	< 50% complete	0% complete	3	compliance (mostly to manage BP).
Reflecting	12. An appropriate rationale is included for each intervention						
	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	Complete			Not complete	0	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:** Nice job on your care map, Megan, especially considering the limited information available for your patient. BS	**Total Points:** 38/42 Satisfactory
	Faculty/Teaching Assistant Initials: BS

*End-of- Program Student Learning Outcomes

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

Student Name: M. Barber   **Clinical Date: 4/9-4/10/2024**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points: 4** **Comments: Nice job describing 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)	**Total Points: 6** **Comments: Good job discussing the pathophysiology of your patient's disease process.**
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • 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)	**Total Points: 6** **Comments: Nice work making correlations between your patient's signs and symptoms and his current diagnosis.**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) 0 • 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)	**Total Points: 9** **Comments: Nice job here, however the rationales provided are definitions of the lab values, not really rationales. Ex.- PH- rationale- this test was performed to determine the effectiveness of mechanical ventilation.**
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) • 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)	**Total Points: 12** **Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.**
6. Correlate the patient's current diagnosis with all related	**Total Points: 6**

*End-of- Program Student Learning Outcomes

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medications. (9 points total)
    • All related medications included (3) 2
    • Rationale provided for the use of each medication (3) 2
    • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 2
	Comments: Good job listing medications, providing rationales, and providing correlations to your patient's diagnosis. Several relevant medications omitted (pantoprazole, docusate, senna syrup, Unasyn).

7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)
    • All pertinent past medical history included (2) 1
    • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 1
	Total Points: 2
	Comments: Brief description and correlation included. Probability of amiodarone toxicity and recent acute kidney injury not discussed.

8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6) 4	**Total Points: 4** **Comments: Additional interventions to include: Administer tube feed, Q6H FSBS, administer methylprednisolone, administer insulin Aspart.**

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) 1
    • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) 1
    • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)
	Total Points: 4
	Comments: Two disciplines included. RN, hospitalist, nephrology (?) not included.

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: 53/65** **Comments: Satisfactory. BS**

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): J. Peterman, M. Barber, L. Sieger
GROUP #: 4
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/26/2024 1430-1630

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2) * • Focused Observation: • Recognizing Deviations from Expected Patterns: • Information Seeking:	E E **E**	**A** **A** A	D D D	B B B	Patient identified, begins assessment. VS. Notices patient is complaining of being tired and nauseous. Notices bradycardia. Notices low SpO2. FSBS 124. Notices abnormal lung sounds. Change in rhythm noticed. Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing. Notices patient is unresponsive, code blue called.
INTERPRETING: (1,2) * • Prioritizing Data: • Making Sense of Data:	E **E**	**A** A	D D	B B	Heart rate and blood pressure interpreted as being below normal. Interpreted lung sounds- crackles. Rhythm interpreted as sinus bradycardia. Rhythm changed interpreted as 2nd degree AV block Type I. (changed to 2nd degree type 2). Heart rhythm interpreted as atrial fibrillation. Lung sounds interpreted to be crackles. Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.

RESPONDING: (1,2,3,5,6,7) *
 	
• Calm, Confident Manner:
• Clear Communication:
• Well-Planned Intervention/
   Flexibility:
• Being Skillful:
     B
	E
	E
	
	E
	
		A
		A
		
		A
		E
			D
			D
			
			D
			A
				B
				B
				
				B
				D
					O2 applied. Assessment completed before calling physician. Call to physician to give update and request atropine for low heart rate. Order received and read back. Atropine prepared, patient identified, atropine administered. Call to provider to report patient is in a 2nd degree type 1 heart block- changed to 2nd degree type 2. Epinephrine drip (and dopamine) suggested as an alternate drug.
					
					Questions asked to determine orientation. O2 applied. Call to provider to report symptoms. Recommends diltiazem, wants to give a fluid bolus first. Order received (remember to read back). Fluid bolus administered. Lung sounds reassessed following fluid bolus, revealing crackles. Call to provider, recommends diltiazem. Orders received.
					
					Code blue called, CPR started, fast patches applied, shock delivered, CPR, epi administered. Shock delivered. Epi Q3 min. Amiodarone

*End-of- Program Student Learning Outcomes

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REFLECTING: (1,2,5) *

- Evaluation/Self-Analysis: E   **A**   D   B
- Commitment to Improvement: **E**   A   D   B

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Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication.

Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.

Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed.

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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

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**

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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 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.

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.

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*End-of- Program Student Learning Outcomes

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)***	Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. You are satisfactory for this simulation. Great job! BS

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Megan Barber
GROUP #: 1
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/19/2024

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2,6)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Recognized all signs and symptoms associated with patient's inferior wall MI upon arrival to the ER (ex. chest pain, diaphoresis, vital signs, labs) Recognized the need to clarify patient's last dose of Sildenafil in order to administer nitrates, as well as the importance of holding patient's Metformin for 48 hours after the heart catheterization. Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium

*End-of- Program Student Learning Outcomes

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	use for the inferior wall MI patient. Recognized the association between patient history, including non-compliance, and current findings. Recognized the importance of identifying the culprit vessel during a STEMI so that the appropriate equipment can be prepared to treat an inferior STEMI, with catheters that will engage the right coronary artery. Recognized patient's allergy to contrast dye and the importance of pre-medicating so that any potential allergic reaction can be minimized. Recognized the appropriate patient information pertinent to communication with next caregiver following SBAR. Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab. Recognized abnormal vital sign, Atrial fibrillation, impending heart failure, and ecchymosis at right radial arterial site upon admission to critical care unit. Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge education plan.
INTERPRETING: (1,2,3,6)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Accurately interprets abnormal assessment findings (chest pain, diaphoresis, SOB), vital signs (BP, HR, SpO2), ECG (ST elevation-Inferior wall MI), and lab values (Troponin) in ER. ECG interpreted correctly. Recognized the need to continually interpret vital signs, heart rhythm, and pain throughout the case. Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI. Excellent job prioritizing appropriate data to include in communication using the SBAR format. Excellent interpretation of data. Upon reviewing the vital signs and monitor/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient's symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload.

*End-of- Program Student Learning Outcomes

					Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.
RESPONDING: (1,5,6)*						Multiple dosage calculations performed accurately. Several IV drips and boluses (heparin, nitroglycerin, Bivalirudin, amiodarone) were calculated and initiated appropriately. Sedation medications were calculated, verbalized, and administered. IV pump correctly programmed for bivalirudin bolus and drip. Nice job with SBAR communication when transferring patient throughout the scenarios. Appropriate medications were chosen to treat Afib and heart failure/fluid overload.
• Calm, Confident Manner:		E	A	D	B	
• Clear Communication:		E	A	D	B	
• Well-Planned Intervention/ Flexibility:		E	A	D	B	
• Being Skillful:		E	A	D	B	
						Provided patient education related to lifestyle modifications including medication compliance and smoking cessation.
						Demonstrated clear communication providing the necessary components to include during-hand-off report for transition of care utilizing SBAR.
						Applied appropriate interventions based on assessment findings in all departments.
						Active engagement throughout scenario.
						Provided accurate and pertinent information when phoning healthcare provider; accurately read orders back to verify.
						Provided appropriate communication and conflict management responses to healthcare provider and team members.
						Provided accurate and pertinent information in the development of a satisfactory care map.
REFLECTING: (4,6)*						Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios.
• Evaluation/Self-Analysis:		E	A	D	B	
• Commitment to Improvement:		E	A	D	B	Acknowledged the importance of customizing teaching to accommodate patient lifestyle.
						Asked appropriate questions to gain understanding of information provided.
						Identified areas of improvement to foster clear and concise communication using SBAR. Reflected on ways to resolve conflict in

*End-of- Program Student Learning Outcomes

	appropriate manner.
SUMMARY COMMENTS: * = Course Objectives	Lasater Clinical Judgement Rubric Comments:

Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*** • **Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*** • **Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)*** • **Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation and develop plan of care. (1,2,3,5,6,7)*** • **Demonstrate ability to resolve conflict among interdisciplinary healthcare team members. (6,7)*** ***Course Objectives**	**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 subjective information about the patient's situation from the patient 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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. **Responding**: Assumes responsibility; delegates team assignments; assesses patients and reassures them. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. **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. Overall excellent performance during the comprehensive simulation on a patient experiencing an inferior myocardial infarction. Total care from ED to Catherization lab to ICU and discharge education was completed satisfactorily.

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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

Student eSignature & Date:

ar 12/13/2023

*End-of- Program Student Learning Outcomes