

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

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

Student: Shyanne Phillips

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/26/2024

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: Fran Brennan MSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA S	S	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	S	S	S	S	NA	NA	S	NA	S	NA S	S	S	S	NA	NA	S
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	S
e. Administer medications observing the six rights of medication administration. (Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	S	NA	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB
Clinical Location	Cardiac	Special Procedures	Infusion Center	4P	4C	4C	NA	NA	NA	Core Measures	Digestive Health	Pt Advocate Discharge Planner	3T	3T & 4N	3T			

Comments:

Week 2 (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Preceptor comments: “Excellent in all areas. Shyanne was very engaged and professional”. Keep up the great work. AR

Week 3 (1b,c,f)- Satisfactory Special Procedures clinical and discussion via CDG posting. Preceptor comments: “Satisfactory in all areas. A few IV starts, observed MRI, paracentesis”. Great job! AR

*End-of- Program Student Learning Outcomes

Week 4 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student primed IV tubing for multiple drugs, bilateral neph tube dressings, drew labs off PICC line.”. Great job! AR

Week 5-1(a-e, g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO, SQ, IVP and IV medications all while following the six rights. You did an excellent job completing your patient’s wound dressings independently. Great job monitoring your patient closely to ensure positive patient outcomes. BL

Week 6(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, IVP, SQ, and PO given via an OG), following the six rights of medication administration. Great job! CB

Week 7(1a,b,c,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient’s response to those interventions. You completed your ECG booklet, interpreting cardiac rhythm strips with measurements. You did a great job administering medications this week (PO via an OG tube, IV, IVP, and SQ), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB

Week 10 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 11 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Great job! AR

Week 12 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

Week 13 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 14 (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. FB

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	NA	NA	S	S	S	NA	NA	S
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	S	NA S	NA S	NA	NA	S	NA	NA	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	S	S	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB

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

Comments:

Week 5-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL
 Week 6(2a,e): Shyanne, 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. I changed competency 2d to a “S” because although you didn’t complete a care map, you are always formulating a plan of care when caring for your patient’s. CB
 Week 7(2b,c,d): 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. I changed competency 2d to a “S” because although you didn’t complete a care map, you are always formulating a plan of care when caring for your patient’s. CB

*End-of- Program Student Learning Outcomes

Week 12 (2a,b)- Great use of clinical judgment skills to determine patient needs, plan care for patients and implement appropriate nursing interventions. FB

Week 13 (2 a,b) 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 14 (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	NA	NA	NA	S	S	S	NA	NA	S
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	S	S	S	S	S	NA	NA	S	S	S	NA S	S	S	S	NA	NA	S
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	S	S NA	NA	NA	NA	NA	S
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	NA	NA	NA	NA	S NA	NA	NA	NA	NA	NA	NA	NA S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB

Comments:

Week 4 (3c)- Satisfactory CDG discussion related to your Infusion Center clinical. Keep up the good work! AR

Week 5-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Week 6(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 7(3b): Great job in debriefing participating in discussion of quality indicators and core measures. I changed competency 3e to a “NA” because that is for patient management clinical. CB

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

Week 11 (3b,c)- Satisfactory during Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Great work! AR

Week 12 (3c) This competency was changed to a NA, because you did not discuss fiscal responsibility during or for this clinical rotation. Make sure to self-rate on actual competencies completed the corresponding week. (3 d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3 e) This competency was changed to a “S” because as you investigate facts associated with a patient’s admission leading to the prioritization of assigned patient, great job! FB

Week 13 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. Remember the acronym ABC-S and pain for prioritization. FB

*End-of- Program Student Learning Outcomes

Week 14 (3e) Great job being able to prioritize care for a group of patients during this clinical rotation. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 2 (4a): A legal and ethical issue that I witnessed was confidentiality and HIPPA. While in the room, the nurse keeps the curtain pulled to allow for privacy. But there is a door between each room that while shut, still allows for other patients to hear what is going on in the rooms around them. At one point, after one of the patients was done with their testing, two of the nurses opened the door and were conversating about the patient as they lay on the table. This is a problem as one of the nurses was responsible for the patient and the other was not. **Wow. Great example and not a good thing to have happen. AR**

Week 3 (4a): During my special procedures clinical, there was a patient having an operation, so before starting, I asked if she would mind if I observed or not, which she kindly declined. This is their autonomy, and I respected their decision. While sitting at the nurse's station, one of the nurses asked if they were not letting anyone go in, and proceeded to discuss that they must be one of the too private ones. I understood the patient's decision as they were already having a difficult time with the entire procedure, and if that is what makes them most comfortable, then that is what is of most benefit. **This is a great example, and great job taking the initiative to talk to the patient prior to the procedure. AR**

Week 4 (4a): Non-maleficence plays a big role in the clinical setting. While observing and talking with one of the nurses on clinical this week, she discussed with me her thoughts and feelings regarding the topic of sterility. Sterility is for the healing of your patient, whether it is wounds or preventing the spread of infection. In a way, the nurse saw it as a pain and mentioned that when teaching family members how to change a patient's dressing, they are not going to follow the sterile procedure at home. All while this conversation was happening, she was in the process of performing a sterile dressing change on a patient. To promote healing and going along with the role of a nurse, we want the best for our patients, we want to see them get healthy. **Very good example, and definitely she definitely should not have discussed it this way in front of a patient! AR**

*End-of- Program Student Learning Outcomes

Week 5 (4a): While I did not experience it in clinical, medication errors are a big thing in healthcare. In the locked cabinet in my patient's room, her eyedrops were in a bag with a different patient's name on it, but the medication in the bag had my patient's name on it. After discovering this, I looked over the cabinet to make sure there was nothing else in there that should not have been in there and there was a medication that did not belong to my patient. I communicated this with my clinical instructor and it was taken care of. **Great job, Shyanne! Your diligence in this matter helped keep the patient safe and free from any potential medication errors. BL**

Week 6 (4a): This week on clinical, my patient was brought to the ER, and upon testing, they recognized that her ABGs were all abnormal and that the best outcome for her would be intubation. At this time, they were unaware of her code status, DNRCCA with no intubation, though it had been scanned into her chart a few years back. At the time, they felt it was in the patient's best interest to leave the tube in and let her rest for a couple of days. On Wednesday, the pulmonologist turned her ventilator settings down to see how she would do on her own while awaiting an updated set of ABGs. After turning the settings down further, it was noted that there was a decline in vitals, so the pulmonologist was going to turn the vent settings back up to let her recover and rest for a few minutes. The patient refused and wanted the ET tube taken out immediately. The family explained that she is a DNRCCA with no intubation and they would like for her wishes to be carried out. The physician went ahead and explained that if they were to remove the tube and she were to not do well then, they would not re-intubate, and they would not perform CPR if she were to code. The family agreed that that was okay, and the patient was on board with the plan as well. **Shyanne, great example. In emergency situations sometimes, paperwork is not looked for. Your patient had her DNRCCA scanned into the chart in I believe in Jan. 2023, so I am not sure what had happened. When the patient was awake and able to be stern and adamant about her wishes, all the doctor can do at that point is educate and explain to the patient and family the situation. CB**

Week 7 (4a): Informed consent is a large ethical issue in nursing. While observing a patient having a procedure, the nurse almost forgot to have the patient sign the informed consent, and if they had administered medications for sedation prior to the start, the procedure would not have been able to be conducted due to the patient not being completely competent. **This is a great example of an ethical issue and could become a legal issue as well. Seeing and experiencing situations like these will enforce the importance of ensuring that everything is complete before any type of procedure. CB**

Week 9 (4a): Battery is a large ethical issue in healthcare. This can range from touching a patient without their consent to proceeding with a procedure that they patient has declined. Even if there is not harm intended in the nurse's actions, it can still be classified as battery. It is always important to obtain the patients approval to be touched even if you are attempting to get vital signs or administer medications. It can be easy for something this small can be overlooked. When it comes to procedures, patients have the right to refuse, and this should be acknowledged. **This is a great example! AR**

Week 10 (4a): During the admission process of a patient, the nurses verify the procedure(s) the patient is going to have done to ensure there is no miscommunication as to what is occurring. Upon asking the patient what they were having done, the nurse recognized that the patient did not have the proper consent form signed. It is critical to ask your patients what they are there for and confirm that all paperwork matches and is correct, Had the nurse not noticed the incorrect form was signed, they would have conducted the procedure without the informed consent. **Perfect example for Digestive Health. AR**

Week 11 (4a): When it comes to mandatory reporting nurses are obligated to report diseases, infections, abuse, neglect, and if they believe their coworkers may be under the influence of any substance. This is to ensure that not only patients but professionals are kept safe. When diseases or infections are not communicated, it can increase exposure to others, prolong treatment, and cause further harm. If you see something, you should say something. **Absolutely! AR**

Week 12 (4a): A legal and ethical issue I witnessed this week was veracity and autonomy. There was an older patient with poor vasculature which led to reduced healing of wounds sustained on their feet. One option that was presented to the patient was amputation which they declined. It is understood why the patient declined; with advanced age and poor perfusion to the distal extremities, what would potentially happen then once the feet are amputated? Could this then cause further impaired healing? The only other option for the patient was hospice. While both options are difficult news to hear they are necessary in providing the whole truth. Even acknowledging the patients decision is critical. **Great example, it is important to let the patient decide, they have that right. Even though it might not be the path we would choose it is very important to let the patient decide if they are alert and oriented. The best option is to educate the patient and let them make an informed decision. Week 12 (4c)- You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB**

*End-of- Program Student Learning Outcomes

Week 13 (4a): Negligence was an example of an ethical issue one of the nurses brought up during clinical. She mentioned that there was a nurse she worked with once who got report on her patients, looked in on them and they all seemed to be good. Since everyone seemed okay, she went and got breakfast. When she came back to assess her patients one of them was dead. She failed her duties as a nurse and did not act with the same level of care that other nurses would have. Had she gone in and assessed prior to leaving the floor, this could have potentially been avoided. **Excellent example, when a nurse reports to work she is responsible for the patients she is assigned. This a great example why bedside reporting should be completed and a brief assessment done with the off-going nurse is so beneficial. FB**

Week 14 (4a): An ethical issue from this week is beneficence. One of the patient’s family members came up to the nurse and I and was asking about how to go about changing their loved one’s code status. We explained and then got the doctor that way he could talk through the information with them. Family members are able to notice declines and changes in their family members better than we nurses sometimes due to being with them for the majority of the day. It is essential that we respect those decisions and do what we think would be in the best interest of the patient if something were to happen. **Great example, advocating for your patient and family wishes is a very important part of the nursing profession. FB**

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	S	S	S	NA	NA	S
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	S	S	S	NA	NA	S
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	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)	S	S	S	S	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	Na	S
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S	S	S	NA	NA	S
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	NA S	S	S	S	NA	NA	S
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB

*End-of- Program Student Learning Outcomes

Comments:

Week 5-5(b) Shyanne, you did a great job working independently when you could to complete nursing interventions for your patient. You are very organized and consistently well prepared. You took excellent care of your patient this week. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 6(5b): You do a great job seeking opportunities to learn this week. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

Week 7(5b,c) Shyanne, 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. CB

Week 9 (5c)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. Keep up the good work. AR

Week 12 (5a)- Reported on by assigned RN from clinical rotation 4/2/2024- Satisfactory in all areas, except excellent for Provider of Care: collection/documentation of data, Manager of Care: communication skills, Member of Profession: demonstrates professionalism in nursing. Student goals provided: "Insert foley, take more patients, have patients with more needs." No additional Preceptor comments. KW/FB

E:

Week 13 (5a)- Reported on by assigned RN during clinical rotation 4/9/2024- Satisfactory in all areas, except excellent for Manager of Care: communication skills, delegation, and Member of Profession: demonstrates professionalism in nursing. Student goals: "Start an IV, hang maintenance IV fluids." Additional Preceptor comments: "Student knew her medications and reasons for them. Passed/gave- PO, SQ, insulin and IV meds accordingly. Friendly with patients well organized and charting done in a timely manner. Helped with call lights when not with her own patients. Very well done today." DM /FB Reported on by assigned RN during clinical rotation 4/10/2024- Excellent in all areas. Student goals: "Start an IV, chart quickly/timely." Additional preceptor comments: "Great job and good luck on boards!!" DG/FB

Week 14 (5a)- Reported on by assigned RN during clinical rotation 4/16/2024. Excellent in all areas. Student goals: "Manage 4 patients, handle higher acuity patients." Additional Preceptor comments: "Will be an amazing nurse! Very helpful even when it was not her patients." LC/FB Reported on by assigned RN during clinical rotation 4/17/2024 Excellent in all areas." No student goals provided, last patient management clinical. No additional Preceptor comments. EW/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	NA	S	S	S	S	S	NA	NA	S
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	NA	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	S	S	S	NA	NA	S	NA	S	S	S	S	S	NA	NA	S
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S	S	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)	NA	NA	NA	S	S	S	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	S	S	S	NA	NA	S	S	NA	S	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical experience. Keep up the great work! AR

Week 3 (6f)- Satisfactory CDG discussion and posting related to your Special Procedures clinical. Keep it up! AR

Week 4 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical. Keep up the great work! AR

Week 5-6(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

*End-of- Program Student Learning Outcomes

Week 6(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. You did a great job with your hand-off report receiving a 30/30 per the hand-off report grading rubric. My only suggestion is to include all information related to your patient's hospital stay (intubated/extubated). Your CDG was Satisfactory, meeting all requirements. CB

Week 7(6e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 9 (6f)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Keep up the great work! AR

Week 11 (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job! AR

Week 12 (6d,f)- Satisfactory completion of hand-off report with 30/30 points. Additional RN comments: "Very thorough." CK/FB Satisfactory discussion CDG posting related to this clinical experience. FB

Week 13 (6 f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 14 (6f)- Satisfactory completion of CDG post. Good job with medication reconciliation and education plan for assigned patient. FB

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	S	S	S	NA	NA	S
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	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	S	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	S	S	S	NA	NA	S	S	S	S	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BL	CB	CB	CB	CB	CB	AR	AR	AR	FB	FB	FB	FB	FB	FB

Comments:

Week 5-7(d) Shyanne, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. BL

Week 6(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 7(7a,b) You researched and summarized an interesting EBP article in your CDG titled "Educational needs of people living with atrial fibrillation." Excellent job! CB

Week 9 (7a)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Keep up the good work! AR

Week 14 (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

Care Map Evaluation Tool**

AMSN

2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
02/06/2024- 02/07/2024	Risk for Impaired Gas Exchange	Satisfactory BL	NA

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

Comments:

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

Student Name: Shyanne Phillips		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: 02/06/2024-02/07/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	For your nursing problems/diagnoses, remember that your top priority problem should not be a "risk for" diagnosis. Your patient has an active problem going on; therefore, your top priority should be "Impaired Gas Exchange." You did a great job highlighting all of the relevant data that supports the top priority nursing problem. High blood pressure is not a potential complication for your patient because she already has this. You could have identified sepsis as a potential complication since she has an active infection going on (Pneumonia).
	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)	2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Overall, the nursing interventions are well done. It would be important to assess all vital signs on the patient. The patient has Pneumonia so you would want to monitor her temperature and respirations also. In addition, it would be important to complete a full respiratory assessment on
	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	

*End-of- Program Student Learning Outcomes

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	the patient as well. For medication administration, it would have been a good idea to include the IVP furosemide too.
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job!
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.							Total Points: 40/42
Faculty/Teaching Assistant Comments: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL							Faculty/Teaching Assistant Initials: BL

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

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

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

Student Name: Shyanne Phillips		Clinical Date: 2/13-14/2024	
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Pathophysiology-what is happening in the body at the cellular level (6)-6 	Total Points:6 Comments: Excellent job! Pathophysiology is detailed and accurate for your patient's current diagnosis.		
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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, Shyanne! 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) <ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (3)-3 Rationale provided for each diagnostic test performed (3)-3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3 	Total Points:12 Comments: Excellent job! 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.		
6. Correlate the patient's current diagnosis with all related	Total Points:9		

<p>medications. (9 points total)</p> <ul style="list-style-type: none"> • 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 	<p>Comments: Great job including all medications, all information is detailed and accurate.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2 	<p>Total Points:4 Comments: Great job correlating the patient's past medical history with current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6)-6 	<p>Total Points:6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales. My only suggestion is that you group all of your assessments first before implementing interventions.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-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 	<p>Total Points:6 Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: 65/65 Comments: Excellent job, Shyanne! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

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

<u>vSim Evaluation</u>								
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory	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	CB	CB	CB	AR	AR	AR	FB	FB
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): Emily Litz, Elaynah Noftz, Taylor Whitworth, Shyanne Phillips

GROUP #: 6

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/27/2024 1000-1200

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed patient heartrate of 47. 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 “weak and tired”.</p> <p>Noticed patient has a cough. Noticed patient’s heartrate of 146. Noticed patient’s low blood pressure 94/54. Noticed patient’s low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus.</p> <p>Noticed patient not responding to introduction. Noticed patient’s heartrate on the monitor is 0.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets 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. Prioritized need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP.</p> <p>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease heart rate. Interprets diltiazem dose at 25mg IV bolus to be given over 10 minutes, then diltiazem continuous drip at 10mg/hr. Interprets patient’s complaints of shortness of breath is due to fluid bolus. Interprets patient’s lung sounds as crackles.</p> <p>Interprets EKG rhythm as ventricular tachycardia. Interprets patient is without pulse. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Obtains vital signs 99.4-47-16-106/64. SpO2 89%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a cardiovascular assessment (including cardiovascular history, medications, code status). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being “weak/tired”. Atropine 1mg IV push given- reassessed vital signs. Notified healthcare provider of patient’s heart rate still being decreased after medication administration and change in EKG rhythms.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Applied 2L O2 per nasal cannula and raised head of bed. Notified healthcare provider of patient’s heartrate, EKG rhythm, and complaints of “there is a horse in my chest that is going to gallop out”. Administered</p>

*End-of- Program Student Learning Outcomes

	<p>diltiazem 25mg IV bolus and then diltiazem 10mg/hr continuous drip for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Administered 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.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Called a code blue. Begins CPR. Applied fast patches to patient, defibrillates patient. Administered Epinephrine 1mg IV push.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: 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 and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the</p>

*End-of- Program Student Learning Outcomes

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

STUDENT NAME(S): Shyanne Phillips

GROUP #: 2

SCENARIO: **Comprehensive Simulation**

OBSERVATION DATE/TIME(S): **4/19/2024**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (2,6)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Recognized all signs and symptoms associated with patient’s inferior wall MI upon arrival to the ER (ex. chest pain, diaphoresis, vital signs, labs)</p> <p>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.</p> <p>Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient.</p> <p>Recognized the association between patient history, including non-compliance, and current findings.</p> <p>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.</p> <p>Recognized patient’s allergy to contrast dye and the importance of pre-medicating so that any potential allergic reaction can be minimized.</p> <p>Recognized the appropriate patient information pertinent to communication with next caregiver following SBAR.</p> <p>Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab.</p> <p>Recognized abnormal vital sign, Atrial fibrillation, impending heart failure, and ecchymosis at right radial arterial site upon admission to critical care unit.</p> <p>Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge education plan.</p>

*End-of- Program Student Learning Outcomes

<p>INTERPRETING: (1,2,3,6)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>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.</p> <p>ECG interpreted correctly. Recognized the need to continually interpret vital signs, heart rhythm, and pain throughout the case.</p> <p>Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI.</p> <p>Excellent job prioritizing appropriate data to include in communication using the SBAR format.</p> <p>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.</p> <p>Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.</p>
<p>RESPONDING: (1,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B <p style="padding-left: 40px;">B</p>	<p>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.</p> <p>Provided patient education related to lifestyle modifications including medication compliance and smoking cessation.</p> <p>Demonstrated clear communication providing the necessary components to include during-hand-off report for transition of care utilizing SBAR.</p> <p>Applied appropriate interventions based on assessment findings in all departments.</p> <p>Active engagement throughout scenario.</p> <p>Provided accurate and pertinent information when phoning healthcare provider; accurately read orders back to verify.</p> <p>Provided appropriate communication and conflict management responses to healthcare provider and team members.</p> <p>Provided accurate and pertinent information in the development of a Satisfactory care map.</p>

*End-of- Program Student Learning Outcomes

<p>REFLECTING: (4,6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios.</p> <p>Acknowledged the importance of customizing teaching to accommodate patient lifestyle.</p> <p>Asked appropriate questions to gain understanding of information provided.</p> <p>Identified areas of improvement to foster clear and concise communication using SBAR. Reflected on ways to resolve conflict in appropriate manner.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • 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)* <p>*Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes 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.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>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.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

**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:

Shyanne Phillips 4/22/24

ar 12/13/2023