EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Mira Sweat

Final Grade: **Satisfactory**

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)

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	NA	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**	S	NA	NA	S	S	S	NA	NA	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	NA	NA	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	S	S	S	NA	NA	**S**
e. Administer medications observing the six rights of medication administration. **(Responding)**	S	S	S	S	NA	NA	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	S	S	S	NA	NA	NA	NA	**S**	S	NA	NA	NA	NA	NA	NA	NA	**S**
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	S	NA	NA	**S**	NA	NA	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	4 North	3T	3T	DH	QA	PD/A SH	NA	NA		CD SP	IS	NA	4C	4C	4P	NA	NA	

Comments:

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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Week 5- I did make administering medications as satisfactory as I pushed normal saline. I think this is appropriate because you also initiated IV fluids. AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 7 1g: I did answer a call light while on clinical. Week 7 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Mira asked a lot of great questions, assisted patients and was great with communicating with patients. She also took initiative to answer a call light and assist a patient from the bathroom!" Great job Mira! AR

Week 9: I administered saline which is why I put satisfactory. AR (1b,c)- Satisfactory during Cardiac Diagnostics and Special Procedures clinical experiences, and with discussion via CDG postings. Preceptor comments: Special procedures- "Excellent in 'demonstrates professionalism in nursing'; Satisfactory in all areas. Several IV starts, observed paracentesis, helpful to staff."; Cardiac Diagnostics- "Excellent in all areas. Mira was very engaged duringher time with me. Asked lots of questions, seemed very excited to learn new procedure info. Great job!" Keep up the great work! AR

Week 10: I administered antibiotics. Great! (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student witnessed blood admin, several dressing changes, primed lines." Great job! AR
Week 12- 1a,b- Nice job assessing and managing care for your patient this week. 1d- You were able to complete your ECG book, accurately identifying and measuring each rhythm, and 1e- Medications were all administered while observing the rights of medication administration. BS
Week 13- 1a,b- Great job this week managing and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), SQ, IV, and IVP. 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 and IV medications, and did an excellent job managing your patient's CBI. 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

*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	NA	NA	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	NA	NA	NA	NA	NA	**S**	~~NA~~ S	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	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~~ S	S	S	NA	NA	NA	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	NA	NA	NA	NA	**S**	~~NA~~ S	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**

***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. (2d) This competency was changed to a "S" because you are carrying out a plan of care through the implementation of interventions performed on the patient you are assigned. You are also applying the knowledge gained through your theory studies to utilize your clinical judgement skills as you deliver care at the bedside. FB

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

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

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Week 12- 2a- You did a great 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 your rubric below for feedback. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS
Week 13- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient's condition. Excellent job on your CDG, please see your 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**	NA	NA	NA	S	S	S	NA	NA	**S**
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~S~~ 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	NA	S	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	S	S	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 (3 b) This competency will be completed during a future clinical experience therefore, it was changed to a NA. Make sure you are self-rating on actual competencies completed the corresponding week. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 3 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

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. Keep up the great work! AR

Week 7 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Great job! AR

Week 10 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great job! AR

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

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Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	NA	NA	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	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**

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

Comments:

Week 2 4a: One legal issue I noticed on 4 North during my first PM clinical was with the RN's talking about a patient in room 4410 using their full name and examining their charts on multiple screens, which is a HIPPA violation as the other RN's were not caring for this particular patient. Great observation, you are correct if they are not involved in the care of the patient there is no reason for them to looking up any information on a patient. This can result in termination or worse if it was reported. Patients have the right to privacy. FB

Week 2 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3 4a: An ethical issue I observed was with patient advocacy. For me this was very hard for me with my patient on Tuesday the 23rd. He wanted to be changed to a DNRCC because he wanted to die and wanted me to let him go. I knew I had to advocate for my patient as this was his wish, but I wanted him to live for his wife and grandchildren. He did decide to keep his code status a full code (he originally was a DNRCC but changed his code status in the hospital during his stay, however, the day I had him he wanted to change it back to a DNRCC).

Week 3 (4a)- This is a very difficult situation to be in, especially when the patient is obviously suffering from depression. The depression is probably related to his chronic health conditions. If the patient is of sound mind he has that right to change the code status. As health care professionals all we can do is listen to his concerns, educate, and make sure this information gets passed along to his physician or health care provider. It is very hard because it is difficult to see patients suffer, but you do not want them to attempt to take their own life. FB

Week 4 4a: Similar to last week with my ethical dilemma. My patient from Wednesday 1/31/24, was a DNRCC with no intubation and her plan of care included being discharged home with home health, then transferring over to at home hospice after her antibiotic course was completed. To give some background on her, he had chronic, non-healing wounds covering her whole body, she was in pain, had a MRSA infection, was declining with her respiratory and cardiac health, she was slowly passing in front of my eyes. She was starting to show signs of death including having a death rattle, her oxygen was declining, and she was losing her orientation. Her whole body was basically a blister. I was in an ethical dilemma because I knew the best thing for her would be to transfer to in patient hospice and have comfort care to

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help keep her comforted and pain free before she would pass. We called her husband and let him know what was happening. He had a whole plan in place for her discharge home including ordering a hoyer lift, buying bulk orders of purewicks and wound care, and ordered transfer mats and had requested a hospital bed for her. To have to break news like this to him was heartbreaking to say the least. He wanted to keep her alive, but eventually changed her code status to comfort only and changed her to in patient hospice. This was so hard for me, I felt like she was being treated with nonmalifecence by pushing her body hard with TPN, giving round the clock antibiotics, and changing her wound dressings q24 hrs.
Week 4 (4a) This situation is definitely heartbreaking. The patient's wishes need to be considered as well as the family's. It is very difficult to say goodbye to loved ones, but you do not want them to suffer either. Offering as much support and care to the best of our ability is important in situations like this. It is also important to educate and listen to families, and patients during this vulnerable and difficult time. FB

Week 5 4a: This week, an ethical and legal issue I noticed was with a patient and their autonomy and justice and their right to refuse treatment. This patient was getting ready for a procedure and when asked about having a student initiate IV access, they refused. Another patient was hesitant with a student doing their IV, but they allowed the student to initiate it. This is an important issue to discuss because the patient does have the right to refuse treatment and as health care workers, we need to abide that. We also have to advocate for our patients and their decisions such as refusing a student to initiate their IV, basically holding justice for their care as well as their autonomy to make their own decisions. Perfect example, and I agree totally! AR

Week 6 4a: A legal issue I noticed this week was with nurses violating HIPPA. The nurse who talked to us about rapid responses, explained that women can be sued by families, especially when a patient unexpectedly dies. Keeping charting clear and accurate is so important to keeping your name clear, and making sure to only examine your patients chart is also critical. Such important topics! Thank you. AR

Week 6 4a: A legal issue I noticed was with patient justice. When working with the patient advocate, I could tell that with some stories she told me, the justice for the patient was questionable. For example, there was a patient who was here for mental health concerns in our ER and staff treated them inappropriately, even though the patient is a MHP, they still need to be treated with the same fairness we would treat out other patients. This is a great yet sad example. How horrible that the MHP was treated this way when seeking their own assistance. AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 4a: A legal issue I noticed this week was discussing patient's behind the nurses station using full patient names. The patient was in their room and the nurses were discussing the patient's status and history. This is an issue because of patient's right to privacy (HIPPA). This is a perfect example of what not to do! You are exactly correct that this could easily violate the patients right to privacy. Thank you for noticing and discussing your concerns here. AR

Week 10 4a: I am not sure whether this would be classified as legal or ethical, but it does relate to economics and insurance companies. During my infusion center clinical, the RN explained to me that a certain medication (I believe it was a type of chemotherapy), costs $18,000 per dose. Some insurance companies cover it and others say they will, but if charting is messed up in anyway, the insurance company won't pay for it, which comes back to the patient. Most of us do not have the money to drop $18,000 for one treatment, let alone multiple. This example is very fitting for the Infusion Center. The staff has the duty to accurately and completely document the requirements related to this medication administration, and if they don't it could become a legal matter (and ethical also). AR

Week 12 4a: A legal issue I noticed with my patient is that they do not have a living will or a POA. This is concerning to me as he is over 60 and having a will and POA to help make decisions for you when incapacitated is crucial. Good point, Mira. This is a subject that many people put off, but accidents and unexpected injuries/illnesses can arise at any time. Having these kinds of things in place can make a lot of difference. It can also prevent family members from having to make difficult and painful decisions regarding care of their loved one(s). BS

Week 13 4a: An ethical issue I noted during clinicals concerned a patient who was intubated, not on sedation, unable to speak, and she wrote down that she did not want to have a tracheostomy placed, but her husband wanted her to have a tracheostomy placed and stated she was no mentally coherent. This is an ethical dilemma because the nurse is autonomous to the patient, but because her spouse was making decisions while incoherent, the tracheostomy ended up being placed, without regarding

patient wishes. This is a dilemma that is fairly common in the ICU setting. It is important to have someone trusted to make these decisions when you cannot make them on your own, as they are very difficult to make. Good observation. BS

Week 14 4a: An ethical issue I noted during clinical was with my patient and the urologist who came to see him during rounds. I was present in the room, monitoring his CBI and getting ready to change his bag over and the urologist came in to talk with my patient. I stayed to listen in, and at one point during the abrasive conversation between the urologist and my patient, the neurologist stated that because my patient neglected to receive cancer treatment three months ago at the time of his diagnosis (bladder cancer), he was going to die and Firelands really could not do anything else for him and he would need transferred to Cleveland Clinic for further care. To me, this was extremely unprofessional and demonstrated maleficence towards my patient. After the doctor left, my patient expressed how he was going to die. I was appalled and felt so bad for my patient. Great example, Mira. This physician should have never spoken to your patient the way he did. BL

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	NA	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	S	S	S	NA	S	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	S	S	S	NA	S	NA	NA	**S**	S	S	NA	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	NA	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	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**

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas. Student goals: "Gain more confidence with interventions on my own, believe in myself more. Understand more about medications and patient interactions." Additional Preceptor comments: "She did an amazing job! She's not afraid to jump in to help!" AT/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas, except satisfaction for delegation. Student goals: "gain more confidence and speed with patient care. Trust in myself more." Additional Preceptor comments: "Very comforting, great use of therapeutic communication skills with a difficult patient. Knowledgeable and willing to learn." MR/FB Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: "become more comfortable with delegation and the independence to do skills alone." Additional preceptor comments: "Mira did wonderful with all tasks, asked for help when needed but always went out of her way to learn new skills. Her patients loved her!" SS/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas. Student goals: "Continue to work on my independence." Additional Preceptor comments: "Awesome job!" EW/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas. Student goals: "To gain more self confidence and trust my instincts. Improve in my IV initiation skills." Additional Preceptor comments: "One of the best students I've ever worked with. Fantastic time management, knowledge, critical thinking. Asks appropriate questions." HO/FB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observation! Keep up the great work. AR

*End-of- Program Student Learning Outcomes

Week 12- 5a- Great performance in the clinical setting this week. 5b- You were able to observe an intubation, bronchoscopy, and central line placement this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS
Week 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) Mira, 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	S	NA	S	NA	NA	**S**	S	S	NA	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**	S	S	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	NA	S	NA	NA	**S**	S	S	NA	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	NA	NA	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	NA	S	S	NA	NA	**S**	S	S	NA	~~S~~ NI	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 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. No additional RN comments were provided."
AT/FB (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 second hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. RN comments: Great job! MR/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB
Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB
Week 6 (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 and Quality Scavenger Hunt clinicals! Keep up the good work! AR
Week 9 (6f)- Satisfactory discussion via CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences. Great job! AR
Week 10 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical. Keep up the great job! AR

*End-of- Program Student Learning Outcomes

Week 12- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Documentation was well done and timely this week, great job! 6f- Your care map was very well done, however I had to give you an NI here due to not having an in-text citation. BS
Week 13- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your pathophysiology CDG this week. BS
Week 14- 6(d) Mira, great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 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

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	S	S	S	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	NA	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	NA	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	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**

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

*End-of- Program Student Learning Outcomes

Midterm- Great job in all clinical experiences during the first half of the semester! Keep up the great work as you proceed to 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 “Improved Renal Cancer Prognosis Among Users of Drugs Targeting Renin-Angiotensin System.” 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	Patient safety r/t acute alcohol withdrawal and recent abdominal surgery	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. Sweat **Date or Clinical Week:** Week 12				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Nice job identifying 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. I would suggest that pain would be another priority.
	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**	3	Great job with interventions! List is complete and prioritized, interventions are individualized and realistic, with rationales and frequencies provided.
	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

	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	Nice work on your evaluation also. All highlighted assessment findings properly reevaluated.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments: Excellent work, Mira! BS

Total Points: 42/42 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. Sweat** **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:** **Great 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:** **Great work making correlations between your patient's signs and symptoms and her current diagnosis(es).**
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) • 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:** **12** **Comments:** **Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.**
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • 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:** **All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.**
6. Correlate the patient's current diagnosis with all related medications. (9 points total)	**Total Points:** **9** **Comments:** **Very good job making the connections**

*End-of- Program Student Learning Outcomes

• All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**between the medications your patient was receiving and their role(s) in treating her condition.**
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points: 4** **Comments: Nice work correlating your patient's current diagnosis with his past medical history.**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 6** **Comments: Great job providing a prioritized list of nursing interventions for your patient!**
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) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points: 6** **Comments: Great job discussing the members of the interdisciplinary team for your patient and their role on her care. Additional team members also identified.**
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points: 65/65 Satisfactory BS** **Comments: Mira, you did an exceptional job on your pathophysiology CDG. Please email and let me know if I have your permission to use this as an example for future students. BS**

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2)* • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: **E** A D B	Notices patient is complaining of fatigue and weakness. Notices patient's heart rate is decreased. Notices patient's heart rhythm changed and heart rate decreased after Atropine was administered. Notices patient's heart rhythm is abnormal and heart rate is increased. Notices patient is complaining of shortness of breath and heart palpitations. Notices patient's blood pressure is decreased and heart rhythm did not change after medication. Initially does not notice history of CHF before administering fluid bolus. Notices patient has a worsening cough and shortness of breath after fluids. Initially does not notice patient is unresponsive.
INTERPRETING: (1,2)* • Prioritizing Data: **E** A D B • Making Sense of Data: **E** A D B	Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to increase the patient's heart rate. Initially does not interpret the correct dose of Atropine. Recognizes the patient's decreased heart rate is likely due to the patient's metoprolol. Initially interprets patient's second heart rhythm as a third-degree heart block, then interprets it as a second-degree type I rather than a type II. Interprets patient's heart rhythm as atrial fibrillation. Interprets the need for medication to decrease the patient's heart rate and control the rhythm. Interprets the correct dose of diltiazem to be administered. Recognizes the need to administer a fluid bolus to increase blood pressure. Interprets patient's lung sounds as crackles after fluid bolus. Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct dose of medications. Interprets patient's low potassium as a potential cause for cardiac arrest.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: **E** A D B • Clear Communication: **E** A D B • Well-Planned Intervention/ Flexibility: **E** A D B • Being Skillful: E **A** D B	Introduces self and identifies patient. Places patient on the monitor, obtains vital signs, and performs an assessment. Calls physician and provides SBAR. Recommends an order for Atropine and oxygen. Places the patient on 2L of oxygen via nasal cannula, then increases it to 3L. Communicates well and educates the patient. Administers 1 mg of Atropine IVP. Begins focusing on a GU assessment, does not reassess patient's vital signs or heart rhythm right away. Reassesses heart rhythm and vital signs. Calls the physician. Recommends an order for epinephrine and transcutaneous pacing. Places patient on a non-rebreather mask. Introduces self and places patient on the monitor. Obtains vital signs. Places

*End-of- Program Student Learning Outcomes

	the patient on oxygen. Calls physician and provides SBAR. Recommends amiodarone for treatment, as well as diltiazem. Identifies patient after being prompted by the physician. Communicates well with the patient and provides education. Administers diltiazem bolus of 25 mg, followed by a 10 mg/hr gtt. Reassesses patient's vital signs and heart rhythm. Calls the physician to provide an update. Recommends amiodarone and a fluid bolus to increase blood pressure. Administers fluid bolus. Stops fluid bolus after respiratory symptoms present. Calls physician. Recommends amiodarone and cardioversion. Introduces self. Places patient on the monitor. Does not check patient's pulse. Calls code blue. Begins CPR. Defibrillates patient. Administers epinephrine 1 mg IVP. Patient is not bagged at all. Considers the use of amiodarone.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge

*End-of- Program Student Learning Outcomes

Scenario Objectives: • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	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 and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of the simulation scenario. Great job!

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Mira Sweat
GROUP #: 3
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/19/2024

CLINICAL JUDGMENT COMPONENTS					**OBSERVATION NOTES**
NOTICING: (2,6)*					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 use for the inferior wall MI patient.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

*End-of- Program Student Learning Outcomes

	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. Interpreted current diagnosis and past medical history and determined

*End-of- Program Student Learning Outcomes

	the need for education on current and past health issues as well as lifestyle modifications.
RESPONDING: (1,5,6)* • 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	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. 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)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios. 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 **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**	Lasater Clinical Judgement Rubric Comments: **Noticing**: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks 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

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

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 12/13/2023

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