EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Shawnita Miller

Final Grade: **Satisfactory**

Semester: Spring

Date of Completion: April 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: Chandra Barnes, 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)
4/9/2024	0.5	Left 4P debriefing early	4/12/2024
4/10/2024	0.5	Left 4P debriefing early	4/12/2024

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**	NA	~~NA~~ S	NA	S	S	S	NA	NA	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	NA	NA	~~NA~~ S	NA	NA	**S**	~~NA~~ S	S	NA	S	S	S	NA	NA	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	~~S~~ 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	NA	NA	NA	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	~~S~~ NA	~~S~~ NA	~~S~~ NA	S	NA	NA	NA	NA	**S**	NA	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	NA	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**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**
Clinical Location	PM	PM	PM	DH	QC	PD	SIM	NA		IS	SP/CD	NA	4C	4P	4C	NA	NA	

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1f) This competency was changed to a NA because you did not document that you performed this during this week. Make sure you are self-rating accurately on the evaluation tool. FB

Week 3 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! **(1f) Did you perform venipuncture both of the previous weeks?** (1f) This competency was changed to a NA because you did not document that you performed this during this week. Make sure you are self-rating accurately on the evaluation tool. **FB**

*End-of- Program Student Learning Outcomes

Week 4 (1f) This competency was changed to a NA because you did not document that you performed this during this week. Make sure you are self-rating accurately on the evaluation tool. (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB
Week 5 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 7 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". Great job! AR
Week 9 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student saw multiple medications given IV and subcut., premeds given, primed IV tubing, multiple wounds. Asked really good questions." Keep up the great work! AR
Week 10 (1b,c)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Was able to observe Lexiscan and regular stress, tilt table, discussed atrial fib., observed bubble study and Definity, pacemaker, echo. Very enthusiastic and friendly." Great job! Overall you were satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in all areas except needs improvement in "actively engaged in the clinical experience". We had many procedures so little opportunity for IV starts. We discussed paracentesis and observed this, however for 2 angioplasty procedures Shawnita declined to come into room with nurses. She stayed in control room." For future clinical experiences, it is expected that you will engage fully with the RN preceptor(s) and participate fully in all procedures. AR
Week 12(1a,b,c,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications (PO via OG tube, IVP, IV, and Subcutaneous) using the six rights of medication administration and utilized the BMV system. You did a great job responding to different alarms related to your patient's condition. CB
Week 13-1(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. All head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO and IVP medications all while following the six rights. Great job monitoring your patients very closely to ensure positive patient outcomes. BL
Week 14(1a,b,c,d,e): Shawnita, great job this week managing your complex patient. You performed thorough, detailed assessments in a timely manner. You were able to administer medications, using the six rights of medication administration, while utilizing the BMV. You Satisfactorily measured and identified cardiac rhythm strips, completing your ECG booklet. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	S	S	S	NA	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)** *	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	NA	NA	NA	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**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

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

Comments:

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

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for a couple of patients. You will need to increase your patient workload to 4-5 patients during week 4. FB

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

Week 12(2d,e): You were able to complete a Satisfactory care map, please see the grading rubric below for comments. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 13-2(e) Great job this week in debriefing discussing social determinants of health that may have impacted your patient's health, well-being, and quality of life. BL

*End-of- Program Student Learning Outcomes

Week 14(2a,b,c,d): Satisfactory completion of your pathophysiology, please see my comments on the grading rubric below. 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. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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	~~NA~~ S	~~NA~~ S	NA	NA	**S**	S	S	NA	~~NA~~ S	S	S	NA	NA	**S**
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	~~S~~ NA	NA	NA	NA	NA	~~NA~~ S	NA	NA	**S**	S	NA	NA	S	S	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	S	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	~~S~~ NA	NA	~~S~~ NA	NA	NA	NA	NA	**S**
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

Comments:

Week 2 (3 b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. Make sure you are self-rating on actual competencies completed the corresponding week. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

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

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR

Week 7 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Keep up the good work! AR

Week 9 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. AR

Week 12(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Competency 3b was changed to a "S" because you participate quality assurance and core measures by completing accurate documentation. Competency 3e was changed to a "NA" because this competency only applies to patient management. CB

Week 13-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Week 14(3b): Great job in debriefing participating in discussion of quality indicators and core measures related to your patient. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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	NA	NA	NA	NA	NA	**S**	NA	S	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**	**CB**	**BL**	**S**	**CB**	**CB**	**CB**

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

Comments:

WEEK 2: An ethical issue observed in the clinical setting that I observed was caring for a patient with very high BP readings . The patient was given their AM BP medication with no change in BP reading .They had an PRN order of hydralazine, but the order had no BP parameters . The nurse consulted with the charge nurse on administering the PRN hydralazine the charge nurse told the RN do not administer hydralazine instead just give the prochlorperazine which is a nausea medication. Because the Patient was having complaints of nausea. The Patient Bp reading increased. The ethical issue would be to give the PRN hydralazine or not. Overall, the RN decided to use her nursing judgement and administer the PRN BP medication.

Week 2 (4a) This could turn into a legal issue, especially if the patient had a negative outcome such as a stroke. If no parameters were given a better decision would have been to notify the physician and ask for parameters. The blood pressure could have been high related to the nausea but if that doesn't work the RN must use her clinical judgement skills and decide what is in the best interest of the patient. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

WEEK3: An ethical issue I encountered was beneficence. Deciding what nursing interventions, I should provide for my patient that's in distress. I checked her vitals and completed a stroke assessment . My patient was having signs of stroke symptoms while sitting on the bedside commode. She was sitting on there for quite some time. I never left her side I stood at the entrance of the door for a short amount of time . Looking for assistance to get her back in bed as soon as possible. The issue was not getting help in a timely manner to get her back in bed in case of a stroke or possible seizure.

Week 3 (4a) The most important decision is not to leave your patient. Use the call light if within reach or yell out to get help. Making sure your patient is safe would be the priority. Great job staying by your patient's side, if she were to fall a lot of scenarios could have occurred and been detrimental for the patient. FB

WEEK:4 (4a): An ethical issue I observed in the clinical setting was my patient needed to attend rehab sessions after discharged. Yet her family refuse to get her the insurance she needed to cover the cost they also refuse to pay up front for the cost of rehab. The patient put her name on a few loans, cars , and houses for her family. If the family were to get her the government insurance, every item that the patient had her name on would become legally the family responsibility. I believe the case manager was consulted.

*End-of- Program Student Learning Outcomes

WEEK 4 (4a): It is truly so disheartening to see family members take advantage of an elderly individual. They are taking advantage of not only financial abilities but also the love that they have for them. It also makes one wonder if the individual is being abused in other ways by family members. This definitely is ethically wrong and possible legally as well. FB

WEEK5 (4a) A Legal issue in digestive health could be a patient refusing to have a student start IVs on them. Patients also have the right to refuse medical care even if it's a life sustaining treatment. Perfect example! Thank you. AR

WEEK6(4a) A Legal issue that could possibly occur in the quality assurance/core measure department if the quality assurance nurse wasn't reviewing clinical competency, and regulatory adherence in a timely manner which could cause an increase in adverse events in the hospital setting. Very true! Thanks. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK7(4a) A Legal issue that could occur in patient advocacy would be not documenting/following up with the patient complaints about the nurses or quality of care. A patient had complaints of a HIPPA violation, if the "patient advocate" did not investigate/document. It could possibly turn into legal issue. It sure could! AR

WEEK9(4a)- Ethical issues may arise concerning the affordability of treatment. Infusion centers should provide clear and accurate information to patients about treatment costs, insurance coverage, and available financial assistance programs for patients experiencing financial hardship. This is a great example for the Infusion Center. So many of the medications/treatments they provide are extremely expensive. AR

WEEK10(4a)- Obtaining informed consent is a ethical and legal requirement in cardiac diagnostics. Patients must be fully informed about the nature, benefits, risks, and alternatives of diagnostic procedures like echocardiograms, and stress tests. Very true. If this isn't done properly it can pose legal problems. AR

Week:12(4a)- Ethical issue in the clinical setting the MD wanted to remove the patient off the vent and place a trach. Husband was unsure if he wanted to remove her off the vent to get a tracheostomy. Delays in decision-making about health care may cause consequences for that individual. Shawnita, great example! This is why it is so important to have wishes known to individuals that will uphold what you want, and have it in writing. CB

Week:13(4a): Legal or Ethical issue observed in the clinical setting was discussing patient information in a public area where others can overhear such as outside the breakroom. Great job. BL

Week:14(4a): Ethical issues observed in the clinical setting being exposed to a high number of alarms going off on the unit. My patient was a fall risk and restless she had a bed alarm and chair alarm that continuously went off. The issue would be the nurses having delayed response her alarm or turning off her alarm and allowing her to transfer herself to the bathroom which could increase her risk of falling. Great example, Shawnita! CB

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	NA	NA	NA	**S**	~~NA~~ S	S	NA	S	S	S	NA	NA	**S**
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	~~NA~~ S	~~S~~ NI	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	~~NA~~ S	NA	NA	NA	**S**	~~NA~~ 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	S	S	NA	NA	**S**	~~NA~~ 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	NA	NA	NA	NA	**S**	~~NA~~ 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**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas. Student goals: "To hang a secondary bag without assistance/coaching." Additional Preceptor comments: "Shawnita was able to keep up with the fast pace environment, hang secondary IV, help this RN with multiple patients. Thank you and good luck!" AG/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: "To hang a piggy back IV without assistance" (**goals for your next patient management should be different, not the same goal for every clinical. FB)** No additional preceptor comments. JF/FB Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: "to be able to hang TPN." No additional preceptor comments. JF/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas, except satisfactory in collection/documentation of data, establishment of plan of care, and delegation. Student goals: "to work on time management, to hang TPN bag, successful IV stick." Additional Preceptor comments: "Asks good questions and demonstrated great time management. I was happy to work with her!" KW/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Satisfactory in all areas. Student goals: "to give peritoneal dialysis, and TPN." Additional Preceptor comments: "Shawnita was wonderful to work with! She has excellent bedside manner and is not shy to ask for help when needed. She was eager to learn and help with new things." KD/FB

Week 6 (5c)- Satisfactory discussion regarding your Quality Department observation. AR

Week 9 (5a-e)- I changed these competencies to satisfactory as they all are fitting for your Infusion Center clinical experience. AR

*End-of- Program Student Learning Outcomes

Week 10 (5b)- Based on your Special Procedures clinical evaluation and per my discussion with the preceptors who you worked with during this clinical, you do need improvement in seeking out new experiences, as you did not participate in the angiogram procedure room for three cases, but chose to observe from the control room. It is expected that you will fully participate in future clinical experiences unless otherwise directed by the RN or faculty. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 10: I believe there was a misunderstanding on my part. I was asked to go into the angiogram procedure room pre procedure and post procedure by one nurse which I did. The last nurse asked if I wanted to go into the procedure room during the procedure , I was truly unaware that it was mandatory. During this experience I was educated by the doctor on how the procedure worked and during the procedure the techs educated me extensively. They explained what was going on visually on the monitor which I thought was cool. They showed me different tools and stents that could possibly be used. While communicating with a patient that was going to have contrast dye injected. She told me she was allergic to shellfish which she forgot to tell the nurse, I updated the nurse, nurse made a few phone calls to see if it was ok for the patient to continue with the procedure. Overall, I learned a lot it was a great learning experience. I will seek out new experiences and participate in future clinical experiences. Thank you for your response! AR

Week 12(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB

Week 13-5(b) Shawnita, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You took excellent care of your patients this week on 4P. 5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

Week 14(5b,c) You do an excellent job working independently and taking initiative in seeking learning opportunities. You took great care of your patient this week. CB

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	~~NA~~ 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**	~~NA~~ 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	NA	NA	~~NA~~ S	NA	NA	**S**	~~NA~~ 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~~ S	S	S	NA	NA	**S**
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S	S	NA	~~NA~~ S	S	NA	NA	**S**	~~NA~~ S	S	NA	~~S~~ NI	~~S~~ NI	S	NA	NA	**S**
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

Comments:

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: "Just be confident in yourself"
AG/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
Week 3 (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 discussion via CDG posting related to your Quality Department observation experience. Make sure you review each competency carefully each week and evaluate yourself on all that are pertinent. AR
Week 7 (6c,f)- Satisfactory discussion via CDG posting related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinicals. Great job! AR
Week 9 (6c,f)- Satisfactory CDG posting related to the Infusion Center clinical experience. See statement highlighted above and take your time when filling out your clinical tool each week. AR

*End-of- Program Student Learning Outcomes

Week 10 (6f)- Satisfactory CDG postings related to your Special Procedures and Cardiac Diagnostic clinical experiences. Keep up the great work as you complete the semester. AR

Week 12(6d,e,f): Competency 6d I changed to a “S”, because although you did not give hand-off report in debriefing, you reported to the bedside nurse any changes or concerns related to your patient. Competency 6e, we had a long discussion on your documentation on Tuesday, you took my feedback and completed thorough, accurate documentation the remainder of your clinical for this week, great job! Competency 6f was changed to a “NI” because the care map is considered a cdg, which requires an in-text citation and reference. Your care map did not include an in-text citation, please be sure to have your rubric available when completing any cdg. CB

Week 13-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all 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) You did not meet the minimum word requirement (200 words) for the summary of your EBP article (Question #2). Therefore, this competency was changed to an “NI” for this week. BL

Week 14(6f): Satisfactory completion of your cdg this week, including an in-text citation and reference. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	~~NA~~ S	S	NA	S	S	S	NA	NA	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	~~NA~~ 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**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

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 via CDG posting related to your Quality Department observation. Great job! AR

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

Week 13-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Nursing's Role in Successful Stroke Care Transitions Across the Continuum: From Acute Care Into the Community." Excellent job! BL

Week 14(7d): You consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

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
4/2-3/2024	Impaired Gas Exchange	S/CB	NA

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: Shawnita Miller	**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: 4/2-3/2024		

	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	Great job noticing abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included risk factors relevant for your patient. Some suggestions for assessment data that should have been included would be vent settings (what are they), OG tube, wounds, gastric residual, tube feedings, CXR results, sputum and blood cultures, history of DM, NSTEMI, and COPD.
	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	Great job listing nursing priority problems related to your patient. My suggestion for this section, is have SkySkape available and go through the list and include any potential nursing priority. You highlighted appropriate abnormal findings and risk
	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**	2	
	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	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	

*End-of- Program Student Learning Outcomes

	to monitor for each complication.						factors, although vent settings, ET tube, Hb level (which was 7.6 not 23.7), and history of asthma should all be highlighted. You listed potential complications related to your priority problem and s/sx.
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 specific, prioritized, individualized interventions for your patient that included a frequency and rationale. I have a few suggestions, include an intervention to assess lung sounds, assess for bleeding considering your patient was on a heparin drip, include an intervention to change the central line dressing every 7 days, and assess the IV/RIJ q2 hours. I would also assess the readiness to wean off the ventilator before performing task. Assess, do, educate is the order in which interventions should be prioritized.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

*End-of- Program Student Learning Outcomes

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:** Shawnita, great job completing a Satisfactory care map!	**Total Points:** **40/42** **Faculty/Teaching Assistant Initials:** CB

*End-of- Program Student Learning Outcomes

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

Student Name: **Shawnita Miller** **Clinical Date:** **4/16-17/2024**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points: 4** **Comments:** Great job providing a very detailed description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)-6	**Total Points: 6** **Comments:** Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-1 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-2	**Total Points: 5** **Comments:** Great job explaining your patient's current diagnosis with s/sx that she presented with and had during hospitalization. All possible signs and symptoms of altered mental status should have been included.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3)-3 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3	**Total Points: 12** **Comments:** Excellent job! 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)-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:** 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	**Total Points: 9**

*End-of- Program Student Learning Outcomes

medications. (9 points total) • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3	**Comments:** You did a nice job correlating the patient's current diagnosis with all the related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2	**Total Points: 4** **Comments:** Great job!
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)-4	**Total Points: 4** **Comments:** Remember to include all the nursing interventions that were pertinent for your patient. It would have been important to include medication administration, monitoring labs, education for the patient and the family.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2	**Total Points: 6** **Comments:** Great job discussing members of the interdisciplinary team caring for your patient and their roles. You did a great job including disciplines that could be involved and how they would benefit your patient and your patient outcomes.
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: 62/65** **Comments:** Satisfactory pathophysiology. Excellent job!

*End-of- Program Student Learning Outcomes

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	CB	CB
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)*					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.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	**E**	A	D	B	
INTERPRETING: (1,2)*					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.
• Prioritizing Data:	**E**	A	D	B	
• Making Sense of Data:	**E**	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					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.
• 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					

*End-of- Program Student Learning Outcomes

	Introduces self and places patient on the monitor. Obtains vital signs. Places 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

*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)***	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 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

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Shawnita Miller
GROUP #: 2
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. 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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2,3,6)*					Accurately interprets abnormal assessment findings (chest pain, diaphoresis, SOB), vital signs (BP, HR, SpO2), ECG (ST elevation-
• Prioritizing Data:	E	A	D	B	

*End-of- Program Student Learning Outcomes

• Making Sense of Data:	E	A	D	B	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 the need for education on current and past health issues as well as lifestyle modifications.
RESPONDING: (1,5,6)* • Calm, Confident Manner: • Clear Communication: • Well-Planned Intervention/ Flexibility: • Being Skillful: B	 E E E	 A A A E	 D D D A	 B B B D	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.

*End-of- Program Student Learning Outcomes

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 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.

*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.

*End-of- Program Student Learning Outcomes

AMSN

*End-of- Program Student Learning Outcomes

2024

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

***Course Objectives**
Comments:

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

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

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

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

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

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

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

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

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

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: Shawnita Miller 4/22/24

ar 12/13/2023

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