

AREVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Sela Berry

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/26/2024

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
 Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
 Brittany Lombardi, MSN, RN, CNE

Faculty eSignature: Fran Brennan MSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

Week 2 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 3 (1b,c,f)- Satisfactory Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in all areas, except Excellent in ‘actively engaged in the clinical experience’. IV starts, lab draws, observed angio/fistula procedures and paracentesis”. Great job! AR

Week 4 (1b,c)- Satisfactory during Cardiac Diagnostics and Infusion Center clinical experiences and with discussion postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Sela was a big help with the multiple cardioversions in the cardiac department today.”; Infusion Center- “Excellent in all areas. Primed IV tubing, D’cd IV’s, witnessed Remicade administered, and multiple dressing changes. Student asked lots of questions.” Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 5(1a,b,c,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You were able to implement interventions related to your assessment findings, and evaluate your patient's response to those interventions. You did a great job administering medications to your patient this week (IV, IV push, and PO via an OG), following the six rights of medication administration.

Week 6-1(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 following the six rights. Great job monitoring your patient closely to ensure positive patient outcomes. BL

Week 7- 1a-e,g- Nice work this week assessing and providing care your patient this week. You successfully identified and measured multiple cardiac rhythms and completed your ECG booklet. Medications were all administered using several routes (OG, IV, IVP, SQ) while observing the six rights. The care you provided was timely and documented well. BS

Week 9 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". Great job! AR

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

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

Week 14 (1,b)- Excellent job managing and prioritizing patient care during Patient Management clinical experiences this week. Great job comprehensively assessing patients to provide care that is required. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 5(2a,b,d,e): Great job this week formulating a care map related to your patient. You were able to notice abnormal assessment findings to interpret your patient's priority problem, and recognize potential complications related to that problem. You were Satisfactory on your care map, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 6-2(a) Excellent job utilizing your clinical judgment skills to correlate relationships among your patient's disease process, history, symptoms, and present condition. Please refer to the Pathophysiology Grading Rubric for my feedback. 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 7- 2b,c,d- Nice job choosing two priority nursing diagnoses for your patient during debriefing. Good job also of discussing monitoring for potential risks, anticipating early complications, and taking actions when there is a change in condition. BS

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

Week 13 (2 a,b) Good job with identifying potential complications. Remember to use all subjective and objective data to determine plan of care. Investigate the reasons behind patient signs and symptoms and correlate with the pathophysiology of disease processes. FB

Week 14 (2c) Good job recognizing changes in patient status and taking appropriate action. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 (3b,c)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting, along with satisfactory discussion related to Infusion Center clinical. Keep it up! AR

Week 5(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 6-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Week 6- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. BS

Week 9 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Keep up the great work! AR

Week 12 (3 c) This competency was changed to a “NA” because you did not discuss fiscal responsibilities associated with this clinical rotation. Make sure to self-rate competencies based on what was completed during the corresponding week. (3 d)- Great discussion, noticing accountability of delegation and the clarification of roles. FB

*End-of- Program Student Learning Outcomes

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2 4a.: An ethical issue that was observed in the clinical setting was that some of the patients were not able to get a colonoscopy done as frequently as requested by their HCP due to their insurance not covering as much of the procedure as they have had in the past. **Great example! AR**

Week 3 4a: A legal issue that was observed was although the patient was an adult, they had a legal guardian and in order for them to get their procedure done, we had to get consent over the phone to allow them to go forward with the procedure. **This is a perfect example! AR**

Week 4 4a.: A legal issue that was talked about was a patient who had difficulty breathing and SOB and continued to decline, the nurse called the physician and they did not answer, an hour and a half later, the patient coded since the nurse did not call a MET or contact the charge nurse of the situation. **Great example of what "not" to do! Thank you. AR**

Week 5 4a.: A legal issue that occurred was when the patient became agitated and fighting back with the nursing staff, and security had to get involved to make sure no one got hurt. **This is a great example of a legal issue. Unfortunately, sometimes in the clinical setting there are things that happen when you have to ensure everyone's safety and get security involved. CB**

Week 6 4a.: A legal issue that occurred was with a patient who wanted to have a copy of the EKG strip that we had just conducted on her per the doctor's orders, but with the EKG, it is not allowed to put in the patient's chart until the doctor analyzes the strip and identifies what it is and signs it. **Sela, this could have been a legal issue**

*End-of- Program Student Learning Outcomes

if we gave the patient a copy of her EKG. We nicely explained to her that we could not give her a copy of the record, and that she would need to follow the process of contacting medical records or utilizing her patient portal. BL

Week 7 4a.: An ethical issue that was observed during clinical was making sure that the living will that was on file was being followed and that patient's husband was in agreement with what her wishes were and not changing them. Yes, good point, Sela. Making these decisions can be very difficult for loved ones to make. In this case it seems as if everyone was on the same page, so things progressed smoothly. It gets much more difficult when family members disagree on what to do at the end of their loved ones life. BS

Week 9 4a.: A legal issue that occurred was a patient who had dementia was accusing the nurses that they violated HIPPA by telling her family that she was in the hospital, but the patient was actually the one who called and told the family. The nurses had to document that the patient made a phone call to the family stating she was in the hospital and not the nurses, so that it did not fall back on the hospital. This is a great example. On the other end, if the patient has dementia I would think her POA for healthcare or her closest relative would be in charge of making decisions for her and the hospital would have been responsible to notify them of her admission and seek their consent for treatment. Interesting. AR

Week 12 4a.: A legal issue that was observed at clinical was a patient came in with a C2 fracture and the doctor told the nurse that he wanted the patient to be on strict bedrest, but he never changed the order in the patient chart for others to refer to that could put her at risk for paralysis. Great example, it is very important that orders be checked and if they do not reflect what the physician stated it should be brought to the attention of the healthcare provider. This should be corrected quickly. The following nurses will have not idea if they do not find the order in the patient's electronic medical record. This could end in a bad patient outcome. (4c) You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 13 4a.: A legal issue that was observed at clinical was a patient who was confused while going through withdrawal was scheduled for surgery and did not have the consent forms signed and has no POA or family to contact, so surgery was rescheduled for the next day in hopes that he is coherent to sign the consent form. Great example, it is very important the patient does not display any alteration in mental status or be on any medications that might alter the thought process. FB

Week 14 4a.: An ethical issue that was observed at clinical was a patient who had a full code status and was bedridden, had hemiparesis, in severe pain and chronic wounds that were gangrenous. The nurses and physicians were all in agreement that he should be a DNR since the only thing keeping him alive was the dialysis treatments, but the wife wanted him to be a full code. Great example, it is very difficult to care for a patient when they are suffering. This is a prime example why the important discussions must take place and the patient's wishes should be followed. Family members some times do not understand the suffering their loved one is going through, and keeping them alive is often times for selfish reasons. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	BS	S	NA	NA	S	S	S	NA	NA	S
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	S	S	NA	NA	BS	S	NA	NA	S	S	S	NA	NA	S
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	S	NA	NA	BS	S	NA	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	S	S	S	NA	NA	BS	S	NA	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	BS	S	NA	NA	S	S	S	NA	NA	S
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	S	S	NA	NA	BS	S	NA	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	BS	S	NA	NA	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	CB	BL	BS	BS	BS	BS	AR	AR	AR	FB	FB	FB	FB	FB	FB

Comments:

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. AR

Week 5(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 6-5(b) Sela, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and consistently well prepared. You took excellent care of your patient this week. BL

Week 7- 5a,b- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. Keep it up! BS

Week 12 (5a)- Reported on by assigned RN from clinical rotation 4/2/2024- Excellent in all areas. Student goals provided: “Get more experience with equipment in the clinical setting such as IV pumps.” Additional Preceptor comments: “You did a great job today even though it was a slow day.” AT/FB

Week 13 (5a)- Reported on by assigned RN during clinical rotation 4/9/2024– Satisfactory in all areas, except excellent for Member of Profession: demonstrates professionalism in nursing. Student goals: “Be able to insert an IV without difficulty.” Additional Preceptor comments: “Would love to work by her side every day!” HM/FB Reported on by assigned RN during clinical rotation 4/10/2024- Excellent in all areas. Student goals: “Be able to manage my time with three patients.” Additional preceptor comments: “Did very well managing multiple difficult and challenging patients! Will make a great RN!” PW/FB

Week 14 (5a)- Reported on by assigned RN during clinical rotation 4/16/2024. Excellent in all areas, except satisfactory in Provider of Care: collection/documentation of data, establishment of plan of care, Manager of Care: delegation. Student goals: “Be able to manage and chart on four patients” Additional Preceptor comments: “Student did very well with 3 patients, charting was accurate. Passes a variety of meds PO/SQ/IVP/IVPB and through a PEG tube. Friendly and kind to patients, answered call lights. Did very well managing a difficulty patient with a PEG tube, multiple different dressing changes and pain management.” DM/FB Reported on by assigned RN during clinical rotation 4/17/2024 Excellent in all areas, except satisfactory in Manager of Care: delegation.” No student goals provided, last patient management clinical. Additional Preceptor comments: “Sela has been wonderful with patients today. She is very thorough and knowledgeable The patients loved her!” SS/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:AR

Week 3 (6f)- Great job with your CDG posting related to your Special Procedures clinical experience. Keep up the great work! AR

Week 4 (6c,f)- Satisfactory CDG postings related to your clinical and observation experiences this week! Keep up the great work! AR

Week 5(a,c,d,e,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very detailed and completed on time. Great job with your hand-off report, you scored 30/30 per the hand-off report grading rubric, the only suggestion I would have moving forward is to slow down while giving report. I know you had a lot of information to get through, but sometimes it's hard to follow along for some when you are speaking fast. Your CDG was Satisfactory, meeting all requirements. CB

Week 6-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(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 your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

*End-of- Program Student Learning Outcomes

Week 6- 6 a,b,c,e,f- Great job working together with your assigned nurse, fellow students, and staff to achieve positive patient outcomes and provide quality care. Great job also with documentation in the electronic health record. Great job on your CDG this week also. BS

Week 9 (6c,f)- Satisfactory discussion via CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep up the excellent work! AR

Week 12 (6 f)- Satisfactory discussion CDG posting related to this clinical experience. FB

Week 13 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. RN comments provided: "We want her on our floor excellent future RN! HM/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 (7a)- Satisfactory CDG posting related to your Quality/Core Measures observation. AR

Week 5(7d)- Great job displaying a commitment to provide optimal care and enthusiasm for the caring of individuals at very vulnerable and often difficult times. CB

Week 6-7(d) Sela, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

Week 7- 7d- Great attitude on clinical this week, Sela. Keep it up! BS

Week 8- Great work this first half of the semester, Sela. Keep it up! BS

Week 14 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/6-7/2024	Impaired Gas Exchange	S/CB	NA

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

Comments:

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

Student Name: Sela Berry		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: 2/6-7/2024							
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 all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient. I would suggest including coarse lung sounds and adding the three cultures that were pending but showed no growth X1 day.
	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	
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

*End-of- Program Student Learning Outcomes

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. The only suggestion I have for this would be to include an intervention to assess lung sounds and administer sedative medication.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	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: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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.</p> <p>Faculty/Teaching Assistant Comments: Sela, great job on your care map! You were very thorough and included all appropriate data. CB</p>						<p>Total Points: 42/42</p> <p>Faculty/Teaching Assistant Initials: CB</p>	

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

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

Student Name: Sela Berry		Clinical Date: 2/13/24-2/14/24	
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> Current Diagnosis (2)-2 Past Medical History (2)-2 		Total Points: 4 Comments: Great job providing a description of your patient's current diagnosis and past medical history.	
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> Pathophysiology-what is happening in the body at the cellular level (6)-6 		Total Points: 6 Comments: Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis (NSTEMI).	
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> All patient's signs and symptoms included (2)-2 Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-2 		Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with all his presenting signs and symptoms.	
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> All patient's relevant lab result values included (3)-3 Rationale provided for each lab test performed (3)-3 Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3 		Total Points: 12 Comments: Excellent job! 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) <ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (3)-3 Rationale provided for each diagnostic test performed (3)-3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3 		Total Points: 12 Comments: 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	

<p>medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3 	<p>Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2 	<p>Total Points: 4 Comments: Great job!</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6)-6 	<p>Total Points: 6 Comments: Excellent job with your nursing interventions. One other important intervention that you would have wanted to include would be to monitor the patient's ECG rhythm.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2 	<p>Total Points: 6 Comments: Great job!</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: 65/65 Comments: Satisfactory pathophysiology. Excellent job! BL</p>

Firelands Regional Medical Center School of Nursing

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Sela Berry, Allison Martin, Tabitha Thom

GROUP #: 8

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/27/2024 1430-1630

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices patient's heart rate is decreased. Notices patient's SpO2 is decreased. Notices patient's heart rhythm change after Atropine is administered. Recognizes patient's metoprolol could be the cause of decreased heart rate.</p> <p>Notices patient's heart rate is increased and irregular. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus.</p> <p>Notices patient is unresponsive and pulseless.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes performing a full head to toe assessment rather than a focused cardiovascular assessment. Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to treat patient's decreased heart rate. Interprets patient's heart rhythm change as second-degree type II heart block. Interprets the second heart rhythm change as a third-degree heart block. Recognizes the need for a transcutaneous pacemaker.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Interprets the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's lung sounds as crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Introduces self. Obtains vital signs and places patient on the monitor. Performs head to toe assessment. Identifies patient. Calls physician and provides SBAR. Recommends Atropine to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers Atropine 1 mg IVP. Increases oxygen to 3L via nasal cannula. Reassesses patient and obtains vital signs. Calls physician and provides update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends a dopamine gtt and transcutaneous pacing.</p> <p>Introduces self and identifies patient. Obtains vital signs and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls</p>

*End-of- Program Student Learning Outcomes

	<p>physician and provides SBAR. Recommends a beta blocker (sotalol), calcium channel blocker (diltiazem) and amiodarone for treatment. Communicates well and educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs. Calls physician and provides update. Initially recommends Atropine to increase the blood pressure, then recommends a fluid bolus. Administers fluid bolus. Reassesses patient. Stops fluid bolus. Calls physician and provides update. Recommends cardioversion.</p> <p>Introduces self and attempts to identify patient. Checks pulse. Places fast patches on patient. Begins CPR and bagging. Calls physician, then a code blue. Defibrillates patient. Administers epinephrine 1 mg IVP. Recommends amiodarone (300 mg, 150 mg).</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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,</p>

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

STUDENT NAME(S): Sela Berry

GROUP #: 1

SCENARIO: Comprehensive Simulation

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (2,6)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Recognized all signs and symptoms associated with patient’s inferior wall MI upon arrival to the ER (ex. chest pain, diaphoresis, vital signs, labs)</p> <p>Recognized the need to clarify patient’s last dose of Sildenafil in order to administer nitrates, as well as the importance of holding patient’s Metformin for 48 hours after the heart catheterization.</p> <p>Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient.</p> <p>Recognized the association between patient history, including non-compliance, and current findings.</p> <p>Recognized the importance of identifying the culprit vessel during a STEMI so that the appropriate equipment can be prepared to treat an inferior STEMI, with catheters that will engage the right coronary artery.</p> <p>Recognized patient’s allergy to contrast dye and the importance of pre-medicating so that any potential allergic reaction can be minimized.</p> <p>Recognized the appropriate patient information pertinent to communication with next caregiver following SBAR.</p> <p>Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab.</p> <p>Recognized abnormal vital sign, Atrial fibrillation, impending heart failure, and ecchymosis at right radial arterial site upon admission to critical care unit.</p> <p>Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge education plan.</p>

*End-of- Program Student Learning Outcomes

<p>INTERPRETING: (1,2,3,6)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Accurately interprets abnormal assessment findings (chest pain, diaphoresis, SOB), vital signs (BP, HR, SpO2), ECG (ST elevation-Inferior wall MI), and lab values (Troponin) in ER.</p> <p>ECG interpreted correctly. Recognized the need to continually interpret vital signs, heart rhythm, and pain throughout the case.</p> <p>Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI.</p> <p>Excellent job prioritizing appropriate data to include in communication using the SBAR format.</p> <p>Excellent interpretation of data. Upon reviewing the vital signs and monitor/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient’s symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload.</p> <p>Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.</p>
<p>RESPONDING: (1,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Multiple dosage calculations performed accurately. Several IV drips and boluses (heparin, nitroglycerin, Bivalirudin, amiodarone) were calculated and initiated appropriately. Sedation medications were calculated, verbalized, and administered. IV pump correctly programmed for bivalirudin bolus and drip. Nice job with SBAR communication when transferring patient throughout the scenarios. Appropriate medications were chosen to treat Afib and heart failure/fluid overload.</p> <p>Provided patient education related to lifestyle modifications including medication compliance and smoking cessation.</p> <p>Demonstrated clear communication providing the necessary components to include during-hand-off report for transition of care utilizing SBAR.</p> <p>Applied appropriate interventions based on assessment findings in all departments.</p> <p>Active engagement throughout scenario.</p> <p>Provided accurate and pertinent information when phoning healthcare provider; accurately read orders back to verify.</p> <p>Provided appropriate communication and conflict management responses to healthcare provider and team members.</p> <p>Provided accurate and pertinent information in the development of a Satisfactory care map.</p>

*End-of- Program Student Learning Outcomes

<p>REFLECTING: (4,6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios.</p> <p>Acknowledged the importance of customizing teaching to accommodate patient lifestyle.</p> <p>Asked appropriate questions to gain understanding of information provided.</p> <p>Identified areas of improvement to foster clear and concise communication using SBAR. Reflected on ways to resolve conflict in appropriate manner.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)* • Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)* • Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)* • Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation and develop plan of care. (1,2,3,5,6,7)* • Demonstrate ability to resolve conflict among interdisciplinary healthcare team members. (6,7)* <p>*Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>

*End-of- Program Student Learning Outcomes

	Overall excellent performance during the comprehensive simulation on a patient experiencing an inferior myocardial infarction. Total care from ED to Catherization lab to ICU and discharge education was completed satisfactorily.
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**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: Sela Berry 04/22/2024

*End-of- Program Student Learning Outcomes

ar 12/13/2023