

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Destiny Hamman

Final Grade: **Satisfactory**

Semester: Spring

Date of Completion: 4/19/2024

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: Brian Seitz, MSN, RN, CNE

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

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

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

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Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB
Week 5 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Destiny was engaged in the clinical and asked great questions”. Great job! AR
Week 7 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 10 (1b,c,f)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’ and ‘demonstrates professionalism in nursing’; Satisfactory in all other areas. Observed venogram, thoracentesis, axillary bx, and paracentesis. Successfully started IV’s.” Great job! AR
Week 11 (1b,c)- Satisfactory during Infusion Center and Cardiac Diagnostics clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- “Excellent in all areas. Eager to start the day. Asked relevant questions, seemed to engage well with patients. Good job!” Great job! AR
Week 12-1(a-e, g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were thorough and well done. All medication passes were safely done, and you had the opportunity to administer SQ, IV, and IVP medications all while following the six rights. You did a nice job practicing interpreting cardiac rhythms as well. Great job monitoring your patient closely this week to ensure positive patient outcomes. BL
Week 13(1a,b,c,d,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient’s response to those interventions. You completed your ECG booklet, interpreting cardiac rhythm strips with measurements. You did a great job administering medications this week (PO via an NG tube, IV, and IVP), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB
Week 14- 1a-e,g- Nice work assessing and providing care your patient this week. Medications were all administered using several routes (PO, IV, IVP, SQ) while observing the six rights. The care you provided was timely and documented well. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Competencies: | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | N/A | S | S | S | N/A | N/A | 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) | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | S | S | S | S | N/A | N/A | S |
| c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding) | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | S | S | S | S | N/A | N/A | S |
| d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) * | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | S | S | S | S | N/A | N/A | S |
| e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| Faculty Initials | FB | FB | FB | AR | BL | CB | BS | BS | BS | BS |

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

Comments:

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

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

*End-of- Program Student Learning Outcomes

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 12-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

Week 13 (2e): Great job this week respecting your patient and family's needs, ensuring that optimal care is provided around their needs. Great job in debriefing discussing social determinants of health related to your patient. CB

Week 13- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient's condition. Please see your rubric below for feedback. 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. BSS

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

Comments:

Week 2 (3 b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. (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 5 (3b,c)- Satisfactory Quality Scavenger Hunt clinical, documentation, and discussion via CDG posting. Great job! AR

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

Week 11 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep it up! AR

Week 12-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Week 13(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 14- 3b- Nice job during debriefing discussing quality improvement, core measures, monitoring standards, and documentation of quality indicators. BS

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

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

Comments:

Week 2 – A. There were a couple legal and ethical issues when thinking of my clinical experience this week. One of my patient’s was a younger 22 male admitted for dietic foot ulcers on his right foot. As a 22-year-old and other than his diabetes he was rather healthy. During the report the nurse told me he was very independent and did not need much. She thought he would be a god patient for me as a 2 patient, so I did not get overwhelmed by 2 very sick patients. I did focus more on the older lady and doing more patient rounds on her to make sure I was turning her and so forth, with I think it would be very easy for a potential legal issue. I think it would be very easy to forget to document the little things about him because he was so independent such as Input and output, patient care more towards hygiene and skin care. Documentation is essential in nursing to ensure you are doing all you possibly can for a patient and could lead to legal issues if not done and done accurately. I made sure to go in and ask about all these things and gave him stuff to shower with and documented these findings. This was one of the more independent patients I have had in clinical ever so it was harder for me to know everything to document accurately because he is not asking for help to the bathroom or asking for things very often in general.

Week 2 (4a) Great job realizing the importance of documentation. Documentation is very important and needs to be done correctly and timely. Even though your 2nd patient was independent you provided care and education through conversation, so there is something to document. Every time you check to see if the patient needs anything or has concerns it should be documented, otherwise it reflects no contact with the patient. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3 – A. I have noticed when I was on clinical multiple times the nurses when documenting are recalling and copying a lot of their assessments. I know this is not okay to do because you should be doing it every time. They would go into the room and listen to the patient’s but that was it. They would not fully assess the patient and they would just recall the physical assessment or other things they would have to document on. I think this could be a legal issue. If something was to happen to a patient, you do not have the proper documentation to ensure your care. One of the nurses waited till she left to document. I understand not having much time to but the

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whole point is to make time. I feel like I would forget some of my assessment information if I waited to document my findings or even mix up patient's assessment. I fell as though I learned a lot of things not to do as a nurse when I am on clinical.

Week 3 (4a)- You are very correct, it is important to document accurately, timely, and use your own documentation. It is also important to do assessments, that could prevent a patient from ending up in the ICU, especially if a sudden change that can be corrected is detected early. FB

Week 4 – On my clinical I was paired with a nurse that was not the best preceptor to students. I found myself doing most of everything for her. I told her what I was and wasn't allowed to do and she could not really comprehend that. She kept asking if I could take patients for her with no report of the patient given to me in the middle of the day. When thinking back on this clinical it is a legal issue. I am not a registered nurse yet and I cannot do everything she can. I also was having patients pushed on me that I had no knowledge of which would be on her after I said no. I felt as though it was not a great learning experience other than what not to do as nurse.

Week 4 (4a) Remember to advocate for yourself as you have learned to advocate for your patients. If you are not comfortable with a situation you must address it. Once you become a RN you may experience similar situations and at that point your license that you worked very hard to get will be on the line. You will also want to remember that is not the kind of nurse to be. FB

Week 5 – My clinical experience this week was Patient advocacy, discharge planning, and quality scavenger hunt. All these play a big role in legal and ethical issues. Patient advocacy plays a part in not only patient satisfaction but also what could lead to legal issues in the hospital. Patients can get upset and try to sue the hospital with whatever complaint they would have or even issue. For example, a family member complains about how their loved one is not getting the proper care. For the discharge planning coordinator, she is ensuring that patients are not going to return to the hospitals within 30 days for the same complaint or something correlated to their chief complaint they were admitted for. This can also be a legal issue due to not getting the right treatment or the right care they need to thrive outside the hospital setting.

Very good examples. AR

Week 7 – In Digestive Health most of the patients are going under anesthesia for their procedures. One big thing I think of with being sedated and performing this procedure is consent. The signed consent could lead to legal and ethical issues if it is not done accordingly and legally. The patient must be of sound mind with no medications administered yet that could impair their decision making. The patient must not feel forced to sign the consent. There also should be a witness and they should be educated on the procedure, possible complication, and outcomes. If there are things not done properly with informed consent there could be a huge legal issue.

Perfect examples! AR

Week 9 – Looking at quality assurance I think the whole aspect of quality assurance to help prevent legal issues against a nurse from a patient. As a nurse you must ensure that you are up to date with evidenced based practices, policies, standardization of care, and perfect documentation. Applying all these principles can help prevent legal issues and promote and provide patient safety. Patient safety is the biggest issue we learned about and we as nurses want to ensure we provide that and prevent injuries or issues that could then lead to legal issues. **Great examples of why the quality department is vital to our patients and organization! AR**

Week 10 – This week's clinical experience I attended Special Procedures. There are many different types of procedures I saw such as parentheses, thoracensis, venogram, ultrasounds, and biopsies. All these procedures there is a key element that must be done as a legal issue. The key element is informed consent. Informed consent is very important in this department. The patients in some cases are put under sedation and it is important that they fully understand and agree to the procedure. The patient should not feel forced to sign consent and should know what is going to happen in the procedure. If there is no consent signed this could lead to big legal issues with the nurse, physician, and facility. **Informed consent is such an important part of our role as a RN and a perfect example for Special Procedures. AR**

Week 11 – During my Infusion center clinical they were giving many antibiotics and blood intravenously. Administering blood products is a serious matter because you do not always know how patients will react to the blood even if they have had blood before. During my observation of blood administration, the nurse started the blood and told the patient I will be back in 15 minutes and left. She should of stayed with the patient for the first 15 minutes. I know she was busy but delegation would be appropriate in this situation. He is a regular and comes in often but there could still be something wrong with the blood like contamination and should be caught within

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the first 15 minutes of administration. Not staying in the first 15 minutes is a legal issue if that patient has a reaction. The nurses license could be at stake too if this was to happen. **Wow! This is a very scary situation and I am so glad you recognized this and know the implications and importance of staying with the patient! AR**

Week 12 – My patient on 4 Progressive left against medical advice. He had very low blood counts and was on neutropenic precautions. He also got blood cultures and the blood cultures came back that he had yeast growing in his blood. My patient the second day I had him was asking to leave AMA and asked for a unit of blood before he went. He was getting upset because he was not transferred to Cleveland Clinic yet and just wanted to be at home. The doctor explain everything to him multiple times that leaving in oral antibiotics with yeast growing in the blood is fatal and his blood count is very low and susceptible to infection. He heard all this multiple times from the doctor and he still wanted to leave. The whole situation can be a legal issue. The doctor should convince or hold the patient because that can be false imprisonment yet the doctor wants to be safe so that he does not get sued if something was to happen to the patient due to the condition he is leaving the hospital with. The doctor made him sign AMA forms. **Great example. It is very unfortunate and scary this situation led to this. BL**

Week 13 – My patient in the ICU was intubated for respiratory failure. As a patient in the ICU being intubated it is important to make sure we area accurately documenting your assessments and care for your patient. If you were to not document something accurately and your patient was to get worse or even code then there is no proof of a decline and seems slightly weird. In the Icu patients are more likely to decline quicker then others due to how sick they are and how acute their conditions are. If documentation is not accurate or done in a timely manner there can lead to legal issues down the line as a nurse for if your are was up to standard. **Great example! CB**

Week14 – This week on clinical I had a patient who was prescribed the prescription Ampicil/sulb antibiotic for his metabolic encephalopathy. I reviewed his allergies with him and penicillin was one of them. I looked up his medications on skyscape and noted that Ampicil is Ampicillin, a type of penicillin. I then looked and they administered the antibiotic the day prior. There was no reaction noted that administration. I then called the pharmacy and told them that he had an allergy to penicillin, and they told me it is okay to administer due to a unknown reaction under that and usually penicillin is a childhood allergy and they can out grow it. He told me it was administered last night and there was no reaction documented so it would be appropriate to administer. I then documented what the pharmacy told me in a nurse's note just in case something was brought up about this medication being administered. Looking back at this situation as a nurse I would have checked before administering it the first time to ensure the safety of my patient. Not checking the patient's allergies and knowing the medication can lead to a huge safety issue and could turn into a legal issue as well. **Great job, Paige! You advocated for your patient and utilized the resources available to avoid what could have been a potentially dangerous medication administration. BS**

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 | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| a. Reflect on your overall performance in the clinical area for the week. (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| b. Demonstrate initiative in seeking new learning opportunities. (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc). (Interpreting) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| d. Maintain the principles of asepsis and standard/infection control precautions (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | N/A | S | S | S | S | S | N/A | N/A | S |
| e. Practice use of standardized EBP tools that support safety and quality. (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | N/A | N/A | S | S | S | S | N/A | N/A | S |
| f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| Faculty Initials | FB | FB | FB | AR | BL | CB | BS | BS | BS |

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas, except satisfactory for delegation. Student goals: “Take on more patients and document assessments in a timely manner.” Additional Preceptor comments: “Thorough kept up with difficult patients. Great time management and keeping track of medication due.” MR/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: “Manage more patients and give patient centered care. Time management.” Additional Preceptor comments: “Excellent job with patient care and paying attention to small details. Extra attention to medication administrations. Great job!” CA/FB Reported on by assigned RN during clinical rotation 1/24/2024–Satisfactory in all areas except excellent in communication skills and demonstrates professionalism in nursing. Student goals: “Make my med passes go more smoothly and pay close attention when taking meds out that I take 2 as stated on pyxis.” Additional preceptor comments: “Destiny was awesome to work with. She was organized, took initiative, though not afraid to ask questions. Her bedside and communication was excellent with staff and patients.” KD/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas. Student goals: “Be able to manage 4 patients onmy own and be more effective with my time.” Additional Preceptor comments: “It was a stressful day for Paige but she was able to push through and make the best of it.” AG/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas. Student goals: “Do more with tele patients and read their strips.” Additional Preceptor comments: “Great communication with patients. Great clinical correlation with labs, assessment, and meds. Worked well with different charting techniques i.e. charting in room or cluster charting.” Paige will need to work on time management skills when caring for a group of patients. JW/FB

Week 9 (5c)- Satisfactory discussion through CDG posting related to your Quality Department observation. AR

Week 12-5(b) Paige, you did an excellent job working independently and taking initiative in completing nursing interventions for your patient when you could this week. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 13(5c): Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. CB

Week 14- 5b,c- Great job this week of performing and documenting your interventions in a timely manner. You were organized and efficient with your care. You also did a nice job during debriefing of discussing actions you took this week to create a culture of safety for your patient. BS

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 | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | 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) | S | S | S | S | N/A | S | N/A | N/A | S | N/A | N/A | N/A | S | S | S | N/A | N/A | S |
| c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| d. Deliver effective and concise hand-off reports. (Responding) | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | N/A | S | S | S | N/A | N/A | S |
| e. Document interventions and medication administration correctly in the electronic medical record. (Responding) | S | S | S | N/A | N/A | N/A | N/A | N/A | S | N/A | N/A | N/A | S | S | S | N/A | N/A | S |

*End-of- Program Student Learning Outcomes

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|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting) | S | S | S | S | N/A | N/A | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| Faculty Initials | FB | FB | FB | AR | BL | CB | BS | BS | BS |

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
 Week 3 (6d) Great job with effective and accurate hand off report provided to oncoming shift, 30/30 on hand-off report competency rubric. No additional RN comments were provided. TP/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB
 Week 5 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job! AR
 Week 9 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the great work! AR
 Week 10 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep it up as you complete the semester! AR
 Week 11 (6c,f)- Satisfactory CDG postings related to your Infusion Center and Cardiac Diagnostics clinicals. Keep up the great work! AR
 Week 12-6(d) Great job giving hand-off report during debriefing. You received 28/30 points. Points were deducted for lack of detail related to the background information regarding the patient's presenting diagnosis and signs/symptoms. You omitted information about the patient's hemoglobin level on admission (4.4), his syncope episode at home, and how he was waiting to have a blood transfusion outpatient before all this occurred. Its important to always include detailed background information so the oncoming nurse has a good understanding of what's going on with the patient. 6(e) Excellent job with all of your documentation this week in clinical. 6(f) This competency was changed to an "NI" this week because you did not include an in-text citation in your CDG. Remember that all CDGs need both an in-text citation and a reference to meet the criteria for satisfactory completion. BL
 I am acknowledging the NI I received on the clinical discussion post. I should of included a intext citation in my care map and not just a resource. I will look at the CDG guidelines before posting my post for this week to ensure I have everything includes. CB
 Week 13(6a,b,c,d,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB
 Week 14- 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. BS

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 | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | 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 | N/A | S | N/A | N/A | S | N/A | N/A | S | S | S | S | N/A | N/A | S |
| c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding) | S | S | S | S | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | 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 | N/A | S | N/A | N/A | S | S | S | S | S | S | S | N/A | N/A | S |
| Faculty Initials | FB | FB | FB | AR | BL | CB | BS | BS | BS |

Comments:

*End-of- Program Student Learning Outcomes

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

Midterm- You have done a great job during clinical experiences the first half of the semester! Keep up the great work as you complete the remainder of your clinical experiences. AR

| Date | Nursing Priority Problem | Evaluation & Instructor Initials | Remediation & Instructor Initials |
|-------------------|--------------------------|----------------------------------|-----------------------------------|
| 4/2/2024-4/3/2024 | Bleeding | Satisfactory BL | NA |

Week 9 (7a)- Satisfactory CDG posting related to your Quality Department observation. Keep it up as you complete the semester! AR

Week 13(7a,b) You researched and summarized an interesting EBP article in your CDG titled “Treatment for grade 4 peripheral intravenous infiltration with type 3 skin tears: A case report and literature review.” Excellent job! CB

Great semester, Paige! Good luck with your nursing career! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN
2024

** 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: <i>Destiny Hamman</i> | | | 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: <i>4/2/2024-4/3/2024</i> | | | | | | | |
| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
| Noticing | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data. | (lists at least 7*) *provides explanation if < 7 | (lists 5-6) | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | 3 | Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well. |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | (lists at least 3*) *provides explanation if < 3 | | (lists 3 but no specific patient data included) | (lists < 3 or gives no explanation) | 3 | |

*End-of- Program Student Learning Outcomes

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|----------------------------------|---|--|------------------------|--------------------------|---|----------------------------|--|
| | 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 | Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem. |
| | 5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |
| | 6. Identify all potential complications for the top nursing priority problem. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| | 7. Identify signs and symptoms to monitor for each complication. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| Responding | 8. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | Great job with your nursing interventions. It would have been important to include an intervention for assessment of bleeding (E.g. gums, stool, etc.). I also would have liked to see you list which specific labs you would be monitoring (Hgb, Hct, Plts, etc.). Lastly, remember to be a little more detailed when writing your rationales. |
| | 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 | Great job! |
| | 14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 3 | |
| Total Possible Points= 42 points | | | | | | Total Points: 42/42 | |

| | |
|---|---|
| <p>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: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL</p> | <p>Faculty/Teaching Assistant Initials: BL</p> |
|---|---|

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

Student Name: D. Hamman

Clinical Date: 4/16-4/17/2024

| | |
|---|--|
| <p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) | <p>Total Points: 4 Comments: Nice job describing your patient's current diagnosis and past medical history.</p> |
| <p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> | <p>Total Points: 6 Comments: Great job discussing the</p> |

*End-of- Program Student Learning Outcomes

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| <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) | pathophysiology of your patient's disease process. |
| <p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | <p>Total Points: 6 Comments: Nice work making the correlations between your patient's signs and symptoms and his current diagnosis. He has an interesting combination of diagnoses, each of which could be responsible for his initial behavior in the ED.</p> |
| <p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) 2 • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) | <p>Total Points: 11 Comments: Nice work making correlations between your patient's diagnoses and related laboratory results. Would have been good to see BUN, creatinine, and electrolytes included.</p> |
| <p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | <p>Total Points: 12 Comments: Nice job discussing the diagnostic tests performed on your patient, rationales for the tests, their results, and how they correlate to the patient's diagnoses.</p> |
| <p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | <p>Total Points: 9 Comments: Very good job making the connections between the medications your patient was receiving and their role(s) in treating his condition.</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) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | <p>Total Points: 4 Comments: Nice job discussing your patient's past medical history and how the components of his history correlate with his diagnosis.</p> |
| <p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) | <p>Total Points: 1 Comments: Only two interventions included, not written as interventions.</p> |

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| <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) 1 • 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: 5 Comments: Nice job here. Would have liked more detail about the roles of the pulmonologist and the nurses.</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: 58/65 Satisfactory. BS Comments: Nice work, Paige!</p> |

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

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Destiny Hamman, Shawnita Miller, Melinda Pickens, Mira Sweat**

GROUP #: **2**

SCENARIO: **Week 8 Simulation**

*End-of- Program Student Learning Outcomes

OBSERVATION DATE/TIME(S): 2/26/2024 1000-1200

| CLINICAL JUDGMENT COMPONENTS | | | | | | OBSERVATION NOTES |
|--|--|--|--|--|--|--|
| <p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B | | | | | | <p>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.</p> <p>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.</p> <p>Initially does not notice patient is unresponsive.</p> |
| <p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B | | | | | | <p>Interprets 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.</p> <p>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.</p> <p>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.</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 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.</p> <p>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</p> |

*End-of- Program Student Learning Outcomes

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| | <p>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.</p> <p>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.</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>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and | <p>Lasater Clinical Judgement Rubric Comments:</p> <p>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.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> |

*End-of- Program Student Learning Outcomes

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| <p>ECG patterns of common dysrhythmias. (1,2)*</p> <ul style="list-style-type: none"> • 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>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>Satisfactory completion of the simulation scenario. Great job!</p> |
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **D. Hamman**
 GROUP #: **3**
 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</p> |

*End-of- Program Student Learning Outcomes

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| | <p>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> |
| <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/ | <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</p> |

*End-of- Program Student Learning Outcomes

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| <p>Flexibility: E A D B</p> <p>• Being Skillful: E A D B</p> <p>B</p> | <p>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> |
| <p>REFLECTING: (4,6)*</p> <p>• Evaluation/Self-Analysis: E A D B</p> <p>• Commitment to Improvement: E A D B</p> | <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> | <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</p> |

*End-of- Program Student Learning Outcomes

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| <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>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> <p>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. BS</p> |
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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 | FB | FB | FB | FB | FB | FB | FB | FB | FB | FB |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

**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:

Destiny Hamman 4/23/24

ar 12/13/2023