EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Whittaker

Final Grade: **Satisfactory**

Semester: Spring

Date of Completion: April 19, 2024

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

Faculty eSignature: Chandra Barnes, MSN, RN

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

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
3/11/2024	1.5H	Missed clinical orientation	3/14/2024 1.5H

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	NA	NA	~~NA~~ S	S	S	S	NA	NA	**S**	NA	S	S	S	S	S	NA	NA	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	~~NA~~ S	NA	S	S	S	S	NA	NA	**S**	NA	S	S	S	S	S	NA	NA	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	S	S	S	NA	NA	**S**
e. Administer medications observing the six rights of medication administration. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	NA	NA	NA	NA	S	NA	NA	**S**	NA	S	S	NA	S	~~S~~ NA	NA	NA	**S**
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	NA	NA	S	S	S	S	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**
Clinical Location	PD SH	No Clinical Experience	Cardiac Diagnostics	3T	3T	4N				Quality Assurance/ Core	Infusion & Digestive Health	Special procedures	4C	4P	4C	N/A	N/A	

Comments:

Week 2 (1c)- Satisfactory discussion related to your Patient Advocate/Discharge Planner clinical experience. Preceptor comments: "Excellent in all areas. Madison took notes, asked questions, and was engaged in the clinical". Great job! AR

Week 4 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Keep up the good work. AR

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

*End-of- Program Student Learning Outcomes

Week 6 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB
Week 7 (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 10 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student primed IV lines, watched multiple IV infusions, dressing changes." Great job! AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 11 (1b,c,f)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory is all areas except 'Demonstrates use of communication skills' which is needs improvement. Quiet and reserved. Kept to self most of the day. Successfully started several IVs with lab draws. Observed thyroid bx, abdominal mass bx, thoracentesis and paracentesis." Overall great job; try to work on communicating more with future preceptors, staff, etc. AR
Week 12(1a,b,c,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications (PO via OG tube, IVP, IV, and Subcutaneous) using the six rights of medication administration and utilized the BMV system. You did a great job responding to different alarms related to your patient's condition. CB
Week 13-1(a-g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated great technique and dexterity. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL
Week 14(1a,b,c,d,e): Madi, great job this week managing your complex patient. You performed thorough, detailed assessments in a timely manner. You were able to administer medications, using the six rights of medication administration, while utilizing the BMV. You Satisfactorily measured and identified cardiac rhythm strips, completing your ECG booklet. CB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d)- This competency was changed to a S because you are prioritizing the plan of care as you deliver care, perform tasks, perform medication administration, and other nursing interventions. FB

Week 6 (2 a,b,d) 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 7 (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

*End-of- Program Student Learning Outcomes

Week 12(2d,e): Madi, you received a “NI” for your care map, which means you need to address the areas that need improvement (see grading rubric below) and submit the care map to me via email by 0800 on 4/11/24. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 13-2(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

Week 14(2b,c,d): Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3b,c)- Satisfactory Scavenger Hunt and discussion via CDG posting. Great job! AR

Week 5 (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. (3c) This competency was changed to a NA because fiscal responsibility was not discussed in correlation with this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 7 (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 and the priority patient of assigned patients. Keep up the great work! FB

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 2 4a: An ethical issue I observed during my patient advocate/discharge planner clinical was when we were rounding on 3T and a patient had concerns that she would not have a way home upon discharge. She explained that her family members are older, and she does not want to ask them to drive her around everywhere and to appointments. This could limit her access to future care and keep her from seeking care. The patient advocate made a note and texted the case manager for 3T and explained the concerns to her to hopefully arrange some transportation for the patient. Great example. There are some very sad situations we deal with in our profession. AR

Week 4 4a: An ethical issue I noticed today was that a patient came in for a defibrillator check and smelled very heavily of cigarettes. The patient stated that they have had 8 heart attacks. I feel like this is an ethical issue because the patient is still smoking after having 8 heart attacks and a defibrillator placed but we as nurses can only do so much and educate the patient to stop smoking. At the end of the day the patient has autonomy to do what they want and not take our advice. This makes me feel sad because the patient may not know about resources available to stop smoking. Chances are very good that this patient has had many educational offerings related to smoking cessation. It is a standard of care for all the cardiac issues he has had. If that education isn't documented somewhere than it could definitely be an issue. Great example. AR

Week 5 4a: An ethical issue I was faced with during my 3T patient management clinical was the patient's son felt that he did not understand why his parent was receiving radiation because the oncologist said no treatment was necessary. So, I feel that lack of communication was an ethical issue because there was a change of plans that the patient's family was unaware of and the family is who deals with most of the patient's care. Great example. Communication is so very important. FB

Week 6 4a: An ethical issue I was faced with this week was when a patient my nurse was caring for was homeless and had nowhere to go. The patient had no family. The case manager tried to find somewhere for the patient to go but they ended up leaving and sitting outside the building for a couple of hours. The next day I saw the same patient in the ER trying to get readmitted for somewhere to stay. Great example, very sad that the case manager couldn't find the patient a place to stay. There has to be some resources out there for homeless individuals. This is somewhat of a community ethical issue. FB

*End-of- Program Student Learning Outcomes

Week 7 4a: This week I had an ethical issue of one of my patients was discharged and told to go to a bigger hospital that could help them manage their pain better. The doctor recommended Metro in Cleveland but the patient and their partner decided to go to Toledo because it was closer to their home and the doctor did not arrange anything specifically for them at Metro. I feel like more could have been done to help this patient have a better plan of where to go. There should have been some conversation with the patient regarding the type of care and options for facilities that could accommodate. It sounds as if the physician was not having appropriate communication with the patient or there was a breakdown of the communication on either side. FB

Week 9 4a: This week in the quality department a legal issue that I thought of was in documentation. The Quality nurse told us that she has to check documentation of codes and central lines and that there is a lot of legal issues that can come from charting. This makes me remember that accurate charting is really important. It sure is important. Perfect example for this clinical observation experience. AR

Week 10 4a: In the infusion center I was able to see a patient who needed wound care services and was not fully compliant with the schedule because of lack of transportation. Finding a way to ensure transportation to the appointments would have been beneficial for the patient. This is a great example. We take so much for granted but then realize so many others suffer due to things they don't have. So sad. AR

Week 11 4a: In my special procedures clinical a patient came in for an outpatient procedure and the nurse noticed that the patient had what was obviously a very large aortic aneurysm and was visibly pulsating. The patient was told to go to our ER immediately and to go to the Cleveland Clinic, but the patient refused because he had no one to take care of his cat and did not know how to get to Cleveland. I believe this patient left the hospital and had no intentions of going to Cleveland. This is an ethical issue because the patient needs to be seen immediately but we can not force someone to stay and get treated if they refuse. This is a perfect example. We can only educate patients on what is the best for them, however as you stated, we can't force someone to follow the recommendations. Very sad situation. Thank you for sharing. AR

Week 12 4a: An ethical issue I was faced with during my 4C clinical this week was with my intubated patient and their spouse. My patient had been intubated for a week and the husband kept asking when she would come off the ventilator because the doctor stated they did not want the patient intubated for more than 10-14 days. The husband was not really understanding that if the patient still needed mechanical ventilator after those 10-14 days she would need a tracheostomy, he thought that she would just be able to come off the ventilator at that time. I do not think he was really grasping the extent of the situation and we educated him multiple times in the two days I was there that there is no set time someone needs mechanical ventilation it just depends on the patient. This is an ethics issue because this was the only family they patient had there with her and the husband was not really understanding. Great example, Madi. This is why it is so important that you let individuals that are competent and understanding know your wishes, and to have them document in the appropriate legal documents. CB

Week 13 4a: An ethical issue I was faced with this week was regarding my patient and his bedside nurse. The bedside nurse was not assessing the patient herself and when the patient had an episode of hypoxia the nurse seemed not very worried. I feel this is an ethical issue because had I not been there he may have declined even more quickly or resulted in the patient going back to ICU. It is very important to assess the patient and for the bedside nurse to remember they are still responsible for the patient even if there is a student doing meds and assessments. Great job, Madi. BL

Week 14 4a: An ethical issue I was faced with during clinical this week on 4C was my patients care at home. From what I gathered he lives at home with his sister and her husband, and they have had their own healthcare issues lately leaving them less able to care for him. His sister was really trying to get him into an inpatient therapy facility like 5T, however his heart is not strong enough and I am not sure the sister understands that. I am not sure how he will be able to have proper care at home and maybe could get home health a few times a week for him. Great example, Madi. I don't think they understood what was going on either, and hopefully they can get him into UH, fix the issues, and then send him to rehab. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

Comments:

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Satisfactory in all areas, except excellent in demonstrates professionalism in nursing. Student goals: "Next time I will take more patients and be more confident in my knowledge." No additional Preceptor comments. BD/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas, except satisfactory in communication skills, and delegation. Student goals: "Next experience I will have my time management better for starting a new bag of fluids. I got behind on this today." Additional Preceptor comments: "Patients felt safe and comfortable. Delegated appropriate tasks to PCT's." MR/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas, except satisfactory for establishment of plan of care and delegation. Student goals: "I want to work on my delegation and feel more comfortable delegating tasks." No additional preceptor comments. KW/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas. Student goals: "Be more organized and prioritize my day better tomorrow." Additional Preceptor comments: "Good job! Always helping on floor assisting other interdisciplinary members. Remember to always check charting and if something looks different in the chart to ask! Keep up the good work! AB/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: "I will revisit dressing changes and become more familiar with them. I was a bit clumsy with this today." Additional Preceptor comments: "Student excels in time management. Student is knowledgeable and confident in skills." RM/FB

Week 9 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observation. Keep up the good work. AR

*End-of- Program Student Learning Outcomes

Week 12(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB
Week 13-5(b) Madi, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You took excellent care of your patient this week on 4P. BL
Week 14(5b,c) Madi, you do an excellent job working independently and taking initiative in seeking learning opportunities. You took great care of your patient this week. CB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (6c,f)- Satisfactory CDG postings related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinical experiences. Keep up the good work. AR

Week 4 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Great job! AR

Week 5 (6f)- This competency was changed to a NI because you did not follow the CDG rubric with a word count of 250. Your word count was 150. Make sure to follow CDG rubric for all discussion posts. FB

In the future I will be sure to follow the CDG grading rubric more accurately. I will do this starting week 6 clinical discussion group. FB

Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. Additional comments provided: "Well organized, highlighted important parts." MR/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

*End-of- Program Student Learning Outcomes

Week 9 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Great job! AR
Week 10 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the good work! AR
Week 11 (6f)- Satisfactory discussion via CDG posting related to your Special Procedures clinical. Great job! AR
Week 12(6f): Madi, I changed competency 6d to a "S" because although you did not give hand-off report in debriefing, you reported concerns and changes about your patient to the bedside RN. Competency 6f was changed to a "U" because the care map is a cdg, and per the cdg rubric an in-text citation and reference need to be included. 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. CB **For my "U" regarding my CDG and not having a reference I will make sure this does not happen again by setting a reminder on my phone for when I do my CDG to use a reference and in text citation so that this does not happen on anymore CDG postings. I will do this by next clinical discussion group due 04/12/2024. BL**
Week 13-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all of your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL
Week 14(6d,f): Madi, great job with your 4T hand-off report, scoring 30/30 per the grading rubric. CB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**CB**	**BL**	**CB**	**CB**	**CB**	**CB**

Comments:

Week 7 (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. FB

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

Week 14(7a,b,d) You researched and summarized an interesting EBP article in your CDG titled "Nurses' competence in safety blood transfusion: The impact of a training module." Excellent job! You consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
4/2-3/2024	Impaired Gas Exchange	NI/CB	S/CB

** 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: Madi, please see the grading rubric below for areas that need improvement. Please resubmit your updated care map by 4/11/24 at 0800.

*End-of- Program Student Learning Outcomes

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

Student Name: Madison Whittaker	**Course Objective:** Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.
Date or Clinical Week: 4/2-3/2024	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You were able to identify abnormal assessment findings, lab/diagnostic testing, and risk factors pertinent to your patient. When listing assessment findings, anything abnormal should be listed. Vent settings, your patient had an ET tube and OG, and wounds. Lab findings should include abgs. Risk factors should include age and your patient had a history of pulmonary hypertension.
	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**	1/2	You listed 3 nursing priorities which is less than 50% of what is listed on SkySkape that is applicable to your patient. You did highlight impaired gas exchange as your patient's priority which is correct. You highlighted listed assessment findings, lab/diagnostics, and risk factors related to your nursing priority. You listed potential complications and s/sx of each, good job!
	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

							Madi, great job listing more nursing priority problems for your patient. The only suggestion I have for this, is I would have added, impaired physical mobility, adult pressure injury and impaired tissue integrity.
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1/2	Madi, in this section you need to list all nursing interventions on your patient. Remember assess, do, educate. The five interventions you listed are individualized and realistic for your patient. You need to include a frequency for all interventions and an appropriate rationale on why each intervention is performed. In this section, interventions that should be included would be assessment of the ET tube, skin assessment, vent assessment, medication administration (sedatives and ATBs), turning and repositioning, oral care, and checking gastric residual. All interventions include an frequency and rationale.
	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**	1/3	
	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**	0/3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	In the re-evaluation box, you are to re-evaluate the

*End-of- Program Student Learning Outcomes

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0/3	highlighted findings from the first two boxes of the care map (assessment and labs/diagnostics). You also did not include a statement on whether the plan of care would be continued, modified, or terminated. When re-evaluating the first two boxes, give exact data. Example would be Temp 98.8. You included a statement on whether you would continue, modify, or terminate the plan of care, good job!

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:** Madi, please review my feedback for each section of the care map, make the appropriate improvements and resubmit the care map via email by 0800 on 4/11/24. Madi, you are now Satisfactory on your care map, nice job!	**Total Points:** **28/42** **38/42** **Faculty/Teaching Assistant Initials:** **CB**

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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: Madison Whittaker **Clinical Date:** 04/9/2024-04/10/2024

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points:** 4 **Comments:** Great job providing a very detailed description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)-6	**Total Points:** 6 **Comments:** Excellent job providing a detailed description of the pathophysiology of your patient's current diagnosis (Acute Kidney Injury).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-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) • All patient's relevant lab result values included (3)-3 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3	**Total Points:** 12 **Comments:** Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3	**Total Points:** 12 **Comments:** All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.
6. Correlate the patient's current diagnosis with all related	**Total Points:** 9

*End-of- Program Student Learning Outcomes

medications. (9 points total) • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3	**Comments:** You did a nice job correlating the patient's current diagnosis with all the related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2	**Total Points:** 4 **Comments:** Great job!
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)-3	**Total Points:** 3 **Comments:** Remember to include all the nursing interventions that were pertinent for your patient. It would have been important to include medication administration, turning and repositioning, monitoring labs, oxygen administration, etc.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-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	**Total Points:** 5 **Comments:** Great job. Don't forget about the dietician and what their role was in the care of your patient as well.
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** 61/65 **Comments:** Satisfactory pathophysiology. Excellent job! BL

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): E. McCloy, K. Elmlinger, Jaden Ward, M. Whittaker
GROUP #: 3
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/26/2024 1230-1430

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2) *					Patient identified. Notices patient is complaining of being tired and nauseous. FSBS 124. Notices bradycardia. Notices low SpO2. Patient CO dizziness and nausea. Notices a rhythm change. Another rhythm change noticed. Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing. Notices patient's BP has lowered. Notices patient is unresponsive, code blue called.
• Focused Observation:	E	A	**D**	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (1,2) *					Heart rate and blood pressure interpreted as being below normal. First rhythm change interpreted as 3rd degree block, later determined to be 2nd degree heart block type 2. O2 saturation interpreted as low, HR interpreted as high. Rhythm interpreted as v-tach, changed to sinus tach. (It was a-fib) BP interpreted as being low. Interprets the need to recheck BP and lung sounds. Lung sounds interpreted as crackles. Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	A	**D**	B	
RESPONDING: (1,2,3,5,6,7) *					Questions asked to determine orientation. HOB elevated. O2 applied. Call to provider, reports hypotension and bradycardia, requests fluid. Suggests atropine, provides dose. Orders received and read back. Patient informed of new orders. Atropine prepared, patient identified, atropine administered, and IV fluid started. Call to provider to report lower HR, 3rd degree heart block- determined to be a 2nd degree type 2 AV block. Suggests cardioversion, epi drip. Oxygen applied due to low SpO2. Patient encouraged to cough, bear down. Call to provider, gives vitals and requests orders. (Give some
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	
• Being Skillful:		E	A	**D**	
B					

*End-of- Program Student Learning Outcomes

	assessment information). Reports v-tach- sinus tach. (it's a-fib). A-fib reported. Diltiazem recommended, dosages provided. Order received. Patient identified, diltiazem bolus and drip initiated. Call to provider. Recommends fluid bolus. Order received, read back. Fluid bolus initiated. BP and lung sounds reassessed. IV fluid stopped in response to crackles in lungs. CPR initiated, delay in applying fast-patches, shock delivered, CPR. 2nd shock delivered. EPI Q3min. (remember to also address the airway when doing CPR).
REFLECTING: (1,2,5) * • Evaluation/Self-Analysis: **E** **A** D B • Commitment to Improvement: E **A** D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication. Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Discussed the importance of not being in contact with any part of the patient of the bed when delivering a shock. Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary**	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually

*End-of- Program Student Learning Outcomes

A= Accomplished **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	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 Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. You are satisfactory for this simulation. Nice work! BS

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Madison Whittaker
GROUP #: 1
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/19/2024

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2,6)*					Recognized all signs and symptoms associated with patient's inferior wall MI upon arrival to the ER (ex. chest pain, diaphoresis, vital signs, labs) Recognized the need to clarify patient's last dose of Sildenafil in order to administer nitrates, as well as the importance of holding patient's Metformin for 48 hours after the heart catheterization. Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient. Recognized the association between patient history, including non-compliance, and current findings. Recognized the importance of identifying the culprit vessel during a STEMI so that the appropriate equipment can be prepared to treat an inferior STEMI, with catheters that will engage the right coronary artery. Recognized patient's allergy to contrast dye and the importance of pre-medicating so that any potential allergic reaction can be minimized. Recognized the appropriate patient information pertinent to communication with next caregiver following SBAR. Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab. Recognized abnormal vital sign, Atrial fibrillation, impending heart failure, and ecchymosis at right radial arterial site upon admission to critical care unit. Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge education plan.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2,3,6)*					Accurately interprets abnormal assessment findings (chest pain, diaphoresis, SOB), vital signs (BP, HR, SpO2), ECG (ST elevation-Inferior wall MI), and lab values (Troponin) in ER. ECG interpreted correctly. Recognized the need to continually interpret vital signs, heart rhythm, and pain throughout the case. Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI. Excellent job prioritizing appropriate data to include in
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	

*End-of- Program Student Learning Outcomes

	communication using the SBAR format. Excellent interpretation of data. Upon reviewing the vital signs and monitor/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient's symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload. Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.
RESPONDING: (1,5,6)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Multiple dosage calculations performed accurately. Several IV drips and boluses (heparin, nitroglycerin, Bivalirudin, amiodarone) were calculated and initiated appropriately. Sedation medications were calculated, verbalized, and administered. IV pump correctly programmed for bivalirudin bolus and drip. Nice job with SBAR communication when transferring patient throughout the scenarios. Appropriate medications were chosen to treat Afib and heart failure/fluid overload. Provided patient education related to lifestyle modifications including medication compliance and smoking cessation. Demonstrated clear communication providing the necessary components to include during-hand-off report for transition of care utilizing SBAR. Applied appropriate interventions based on assessment findings in all departments. Active engagement throughout scenario. Provided accurate and pertinent information when phoning healthcare provider; accurately read orders back to verify. Provided appropriate communication and conflict management responses to healthcare provider and team members. Provided accurate and pertinent information in the development of a Satisfactory care map.
REFLECTING: (4,6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios. Acknowledged the importance of customizing teaching to accommodate patient lifestyle. Asked appropriate questions to gain understanding of information provided. Identified areas of improvement to foster clear and concise communication using SBAR. Reflected on ways to resolve conflict in appropriate manner.

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SUMMARY COMMENTS: * = Course Objectives	Lasater Clinical Judgement Rubric Comments:
Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*** • **Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*** • **Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)*** • **Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation and develop plan of care. (1,2,3,5,6,7)*** • **Demonstrate ability to resolve conflict among interdisciplinary healthcare team members. (6,7)*** ***Course Objectives**	**Noticing**: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient to support planning interventions; occasionally does not pursue important leads. **Interpreting**: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. **Responding**: Assumes responsibility; delegates team assignments; assesses patients and reassures them. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. **Reflecting**: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Overall excellent performance during the comprehensive simulation on a patient experiencing an inferior myocardial infarction. Total care from ED to Catherization lab to ICU and discharge education was completed satisfactorily.

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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:

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I really loved the clinical rotations this semester, I feel very well prepared for my future as a RN!

Student eSignature & Date: Madison Whittaker 04/23/2024

ar 12/13/2023

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