

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Tabitha Thom

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/26/2024

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

Faculty eSignature: Fran Brennan MSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	NA	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	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)	S	S	NA	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	NA	S	S	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	S
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	NA	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	S	NA	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	NA	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL	AR	AR	AR	FB	FB	FB	FB	FB	FB
Clinical Location	Infusion Center	Special Procedures/Cardiac	Quality Assurance/Complex Measures	4C	4C	4P	Simulation	NA		Digestive Health.	Patient Advocate/Dis	No Clinical	Patient Management	Patient Management	Patient Management			

Comments:

Week 2 (1c)- Satisfactory discussion via CDG posting regarding your Infusion Center clinical experience. Keep up the great work! AR

Week 3 (1b,c)- Satisfactory Special Procedures and Cardiac Diagnostics clinicals and discussions via CDG postings. Preceptor comments: Special Procedures-

“Excellent in all areas. Tabitha did a nice job today. Very helpful. IV starts with some success. Was able to watch fistulogram, MRI with pacemaker and an angioplasty

*End-of- Program Student Learning Outcomes

of a leg. Nice job”; Cardiac Diagnostics- “Excellent in all areas. Student saw a cardioversion, stress testing, two heart cath, and an echocardiogram with Definity”. Great job! AR

Week 5- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- We weren’t able to administer many medications this week, but the ones we did were all administered while observing the rights of medication administration. BS

Week 6- 1a,b- Great job this week managing care and responding to your patient’s needs. 1e- Medications were all administered while observing the six rights. Routes this week included PO, IVP, and SQ. BS

Week 7-1(a-e, g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You administered PO, IVP and SQ medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL

Week 9 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 10 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Tabitha did an excellent job communicating with patients, asking questions and engaging in clinicals.” Great job! AR

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 5- 2a- 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. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. Please see pathophysiology rubric below for feedback. BS

Week 6- 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 a prioritized care map related to your patient’s identified priority problem. 2e- During debriefing, you did a nice job discussing social determinants of health that could have an impact on your patient’s health, well-being, and quality of life. BS

Week 7-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (3c)- Satisfactory with discussion via CDG posting related to your Infusion Center experience. AR

Week 4 (3b)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. Great job! AR

Week 5- 3c- Good participation during debriefing, discussing strategies to achieve fiscal responsibility while on clinical. BS

Week 6- 3a- You did a nice job discussing communication barriers during debriefing this week. Your patient had problems that many find difficult to approach with a patient. You were able to do that, though, and now the hard part is up to him. BS

Week 7-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

Week 10 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Keep up the great work! AR

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

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

*End-of- Program Student Learning Outcomes

Week 14 (3e) Great job being able to prioritize care for a group of patients during this clinical rotation. FB
 Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA		S
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	NA	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA		S
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA		S
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA		S
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL	AR	AR	AR	FB	FB	FB	FB	FB	FB

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

Comments:

4a. Week 2. The five-year-old’s mother and grandmother share appointments, with the grandmother attending the majority. The grandma maintains guardianship, but the mother does make decisions on the patient’s behalf. As reported by the staff their views on care are very different. This is an ethical issue in who is allowed to decide what action should be taken or what decision should be made. I also believe disclosure of patient information to the non-guardian is an ethical and legal issue. **Interesting situation which also has legal ramifications. Such a difficult situation for such a young child. AR**

4a. Week 3. An ethical issue observed in clinical was that a patients designated representative granted permission for the procedure and the patient was onboard, later the patient expressed doubt in his designated representative’s ability to have his best interest while approving future treatment procedures. **Great example. AR**

4a. Week 4. We spoke in great detail today about evidence-based practice (EBP). An ethical issue with EBP is should clinical practice decision making be limited to scientific evidence. Research skeptics argue that just because a favorable outcome has been obtained multiple times, that does not mean that the research was not manipulated to arrive at the researcher’s goal and not in favor of the patient’s best interest. One way to debunk the research skeptics is, perform a controlled study and compare the results. **Very good example and is definitely a concern. AR**

*End-of- Program Student Learning Outcomes

4a. Week 5. An ethical dilemma observed this week in clinical was that the significant other wanted to for the patient to receive a tracheostomy and the next of kin did not. The next of kin decided to withdraw the patient's treatment and implement a DNR-CC. **Yes, these things sometimes cause a lot of turmoil for families, especially when everyone has a different opinion. Much, much better when family members are on the same page.** BS

4a. Week 6. I was able to observe another patient in the ICU this week. The patient was extubated and the minute she was extubated she was sure to tell the staff that she is a DNR, and it is in her record. She was not to be intubated. Verification showed it was in fact in her chart. Her right to autonomy was not respected. On the other side though, we were not present during the emergency and cannot really speak on what was occurring in that moment. **This is a good issue to bring up. Unfortunately, in emergent situations these things can get overlooked, especially if the patient presents alone and is unable to communicate their wishes. I wonder how she feels about it now. Many people fail to realize that a couple days of being intubated can allow the body to recover and that they can make it through the situation and get back to their normal. I wonder if they were to ask her now if she was glad she was intubated, since she is still alive, what she would say.** BS

4a. Week 7. An ethical concern this week in clinical was that my patient has a diagnosis of multiple myeloma but presented to the hospital with SOB and cardiac concerns. He was diagnosed with Pneumonia and acquired a fungal infection that is currently being treated. Due to this additional diagnosis and his other comorbidities, he is no longer able to receive his chemotherapy treatments. This is an example of an ethical concern to the benefit of the patient as the physicians want to reduce the risk of further decline in the patient but would wish to continue chemotherapy treatment. **Great example, Tab. BL**

4a. Week 9. An ethical dilemma observed this week in clinical was that due to procedure, antecubital insertion sites are to be avoided. We had multiple patients who requested an IV in the AC. This poses a dilemma as the patients right to autonomy supersedes organizational placement choice. **This is a tough one to deal with and a perfect example for Digestive Health.** AR

4a. Week 10. A legal issue of concern witnessed during patient advocacy is that the organization prefers for written communication between the patient and the advocate. Understandably so as a paper trail is crucial, however when admitting fault, it is essential to be careful on wording or providing too much information during the response as this can cause further legal issues. (FRMC does a wonderful job with providing the patient advocate guidelines/templates on response to patient concerns.) **This is a great example!** AR

4a. Week 12. This week I observed an ethical issue of concern from a patient that was waiting for discharge for multiple hours. The patient ended up signing out AMA because after the multiple hours of waiting for discharge it was revealed that the patient was asked to stay for additional testing. They were frustrated that this was not communicated earlier and contacted specialty to schedule the testing outpatient. This is an ethical concern because if the patient was informed perhaps, they could have made a better-informed decision vs. the risks of signing out AMA. The patient was not provided with the ethical values of transparency and respect. **Great example, communication is often the key to misunderstanding and frustration for patients. You are correct if there would have been better communication with the patient the frustration and aggravation might have been alleviated and the patient might not have left AMA. (4c) You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn.** FB

4a. Week 13. A potential legal issue observed this week that we discussed in class fairly recently is that I answered a call light; patient is deemed to be a high fall risk. Yellow bracelet and signage appropriately placed, yet the patient had transferred themselves to the bedside commode without assistance. The call light was on because the patient wanted to be washed up and not due to the bed alarm. It was a perfect example of how important safety is and setting those bed alarms are. Thankfully all was well. **Great example, safety is very important and hopefully the patient re-educated on the importance of using the call light to prevent any falls from occurring.** FB

4a. Week 14. An ethical issue observed this week was that my patient was exhausted from not receiving any sleep the night before due to a medication reaction and while it is important for well-intentioned family member involvement, as nurses we must remember to do what is best for the benefit of the patient's health. The patient's family was alerted of their lack of sleep, but the patient's family would not let her rest. This is an ethical dilemma because the family lacks the proper

awareness in the clinical setting for improvement of the patient’s condition. We want family to be present, but not lack the awareness of quality patient care. **Good example, educating the family on the importance of rest for the patient might have assisted in this instance. Remember to do what is in the best interest of the patient. FB**
 Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

Week 5 (5a)- I felt uncomfortable and fumbled a few times in my skillset this week. I intend to improve on this (to give myself a satisfactory next week) by committing myself to confidently perform the skills as I know them. Tabitha, don’t be so hard on yourself. I changed this to an “S”, as I thought you performed well. This was a new and somewhat uncomfortable environment. I was hesitant to assign you to this patient, but you handled it well. We are all uncomfortable at times, but we push through. And you did! BS

Week 5- 5a- Good performance in the clinical setting this week. 5b- This week you were able to provide post-mortem care to a patient. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 6- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness both an intubation and an extubation. Additionally, you were able to DC an IV, and initiate an OG tube successfully. Nice work! BS

*End-of- Program Student Learning Outcomes

Week 7-5(b,c) Tab, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

Week 12 (5a)- Reported on by assigned RN from clinical rotation 4/2/2024- Excellent in all areas. Student goals provided: "My goal for the next experience is to create increased opportunities for myself to enhance my critical thinking skills." Additional Preceptor comments: "Great job in all skills and helping where she was needed." ER/FB

Week 13 (5a)- Reported on by assigned RN during clinical rotation 4/9/2024- Excellent in all areas. Student goals: "Be more familiar with the charting system and locate patient information with improved ease." Additional Preceptor comments: "Did great managing two patients with new orders and frequent needs. Knew when to ask for help." PW/FB Reported on by assigned RN during clinical rotation 4/10/2024- Excellent in all areas. Student goals: "Increase patient management load and continue to look for skills opportunities." Additional preceptor comments: "Great job taking care of two patients! Stayed on task. Knowledgeable if care. Willing to help and seek out new tasks." CA/FB

Week 14 (5a)- Reported on by assigned RN during clinical rotation 4/16/2024. Excellent in all areas. Student goals: "My self goal for the next clinical experience is to be more efficient with all aspects in m patient's management." Additional Preceptor comments: "You did a great job!" AT/FB Reported on by assigned RN during clinical rotation 4/17/2024 Excellent in all areas. No student goals provided, last patient management clinical. Additional Preceptor comments: "I'm so proud of you. You are going to be a great RN" AT/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA	NA	S
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	NA	S	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	NA	S
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	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	S	NA	S	S	S	NA	NA	S	S	NA	S	S	S	NA	NA	NA	S
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	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	S	S	S	S	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	S
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL	AR	AR	AR	FB	FB	FB	FB	FB	FB

Comments:

Week 2 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the great work! AR

Week 3 (6f)- Satisfactory CDG postings for your Special Procedures and Cardiac Diagnostics clinical experiences. Keep it up! AR

Week 4 (6f)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observational experience. Keep up the great work! AR

Week 6- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. BS

*End-of- Program Student Learning Outcomes

Week 6- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your care map this week. BS

Week 7-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 10 (6c,f)- Satisfactory discussion via CDG posting related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinical experiences. Keep up the good work! AR

Week 12 (6 f)- Satisfactory discussion, CDG posting related to this clinical experience and followed all CDG rubric guidelines. FB

Week 13 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. RN comments provided: “Did great managing 2 patients knew how to manage constant needs and when to ask for help.” PW/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

Week 5- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 6- 7d- ACE attitude displayed at all times on the clinical floor. BS

Week 7-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "It is Time to Ask About Financial Toxicity." Excellent job! 7(d) You consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/13-2/14/2024	Chronic pain	Satisfactory BS	NA BS

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

Comments:

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

Student Name: T. Thom		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week: 2/13-2/14/2024							
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	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with interventions! Keep in mind, though, that interventions addressing medications should be specific to each medication (ex. Administer morphine sulfate, 2 mg IV, Q2H for pain rated 7-
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	10). Same would go for community resources, just be specific about which community resources you would educate on.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice work on your evaluation also. All highlighted assessment findings properly reevaluated. I would suggest terminating the plan of care due to discharge.
	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 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.							Total Points: 42/42 Satisfactory
Faculty/Teaching Assistant Comments: Great work on your care map, Tab. BS							Faculty/Teaching Assistant Initials: BS

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

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

Student Name: T. Thom	Clinical Date: 2/6-2/7/2024
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	Total Points: 4 Comments: Nice job describing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	Total Points: 6 Comments: Great job discussing the pathophysiology of your patient's disease process.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <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) 	Total Points: 6 Comments: Nice work making correlations between your patient's signs and symptoms and her current diagnosis.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	Total Points: 12 Comments: Great job making correlations between your patient's diagnoses and all related laboratory results.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	Total Points: 12 Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) <ul style="list-style-type: none"> • All related medications included (3) 	Total Points: 8 Comments: Good job making the connections between the medications your patient was receiving

<ul style="list-style-type: none"> • 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>and their role(s) in treating her condition. (Solu-medrol)</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 work correlating your patient's current diagnosis with her past medical history.</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: 2 Comments: Please keep in mind that a properly written intervention would be: Perform vital signs q1H, 0800, 0900, 1000, etc. (with rationale) Mechanical ventilator assessment q1H, 0800, 0900, 1000, etc. (with rationale) Physical reassessment q4H, 0800, 1200, etc. (rationale)</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: 4 Comments: Interdisciplinary team members listed, roles not clearly defined.</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>Total Points: 58/65 Satisfactory Comments: Nice work Tabitha. BS</p>

*End-of-Program Student Learning Outcomes	
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Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2024
Simulation Evaluations

<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	BS	BL	BL	AR	AR	AR	FB	FB
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): Sela Berry, Allison Martin, Tabitha Thom

GROUP #: 8

SCENARIO: Week 8 Simulation

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

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

*End-of- Program Student Learning Outcomes

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

<p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* 	<p>make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them 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): Tabitha Thom

GROUP #: 2

SCENARIO: **Comprehensive Simulation**

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

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

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

	<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.</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

*End-of- Program Student Learning Outcomes

**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:

Thank You!

Student eSignature & Date:

Captha Thom
04/23/24

ar 12/13/2023