

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing  
Sandusky, Ohio**

**Student:** Elaynah Noftz

**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
<b>Competencies:</b>	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	n/a	S	S	S	n/a	n/a	S
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	n/a	S	S	S	n/a	n/a	S
c. Evaluate patient’s response to nursing interventions. <b>(Reflecting)</b>	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	N/A	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
e. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	S	n/a	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	N/A	n/a	S	S NA	n/a	n/a	n/a	n/a	S	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
<b>Faculty Initials</b>	AR	AR	AR	BS	BS	BL	BL	BL	BL	AR	AR	AR	FB	FB	FB	FB	FB	FB
<b>Clinical Location</b>	Infusion Center	Cardiac Diagnostics	Special Procedures	ICU 4C	ICU 4C	4P	No Clinical	No makeup clinical		Digestive Health	Pt Advocate and Quality	No clinical	3T	4N	3T	n/a	n/a	

Comments:

Week 2 (1c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Preceptor comments: “Excellent in all areas. Elaynah successfully started 2 patients peripheral IVs. Saw blood given to pt. Primed multiple IV lines. Witnessed multiple different wound dressing changes”. Keep up the great work! AR

Week 3 (1b)- Satisfactory in Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Elaynah saw the device clinic, a cardioversion and a tilt table test”. Great job! AR

\*End-of- Program Student Learning Outcomes

Week 4 (1b,c,f)- Satisfactory Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. IV starts with some success. She was able to watch an angiogram and a pericardiocentesis”. Great job! Keep up the good work. AR

Week 2- 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- Medications were all administered (PEG, SQ, IVP, IV) while observing the rights of medication administration. BS

Week 6- 1a,b- Great job this week managing and responding to complex patient care situations. There was definitely a lot to monitor for your patient and you, along with your partner, did a great job. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, 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 patients 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 Patient Advocate clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Elaynah did an excellent job communicating with many patients. She asked great questions and was very engaged in clinical.” 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
<b>Competencies:</b>	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	n/a	n/a	S	S	n/a	n/a	S	S	S	n/a	n/a	S
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	n/a	n/a	S	S	n/a	n/a	S	S	S	n/a	n/a	S
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S	S	n/a	n/a	S	S	S	n/a	S	S	S	n/a	n/a	S
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BS</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>

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

**Comments:**

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

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

Week 5- 3c- Good participation during debriefing of 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. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. 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. Great job! AR

Week 12 (3c) This competency was changed to a NA, because you did not discuss fiscal responsibility during or for this clinical rotation. Make sure to self-rate on actual competencies completed the corresponding week. (3 d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

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

**Comments:**

WEEK 12: One example of legal/ethical issues I noticed in the infusion center is that there are several people who need in to get infusions that they absolutely need, however if their insurance does not sign off that they will cover the medication that the patient needs to receive, they are unable to put them on their list. I thought this was both an ethical and legal issue because someone might need this infusion greatly for their health, however the nurses are not allowed to accept any person without that agreement form. So sad that this happens in our country. AR

Week 3: One example of an ethical issue observed during my cardiac diagnostic clinical was lack of access to available resources. There was a young mother who has been experiencing syncope/ POTS like episodes and because of lack of resources to childcare and time for an appointment, she had been putting off these episodes. When she came, we did a Tilt Table Test and she ended up being positive for neurocognitive syncope. Lack of resources and help left this mom unsure of her health status for an extended period of time. Great example. Thank you. AR

\*End-of- Program Student Learning Outcomes

Week 4: An example of an ethical/legal issue that I noticed during my clinical on special procedures is that there are several patients with pacemakers that need an MRI. If the patient is not stable without their pacemaker, then the nurses may refuse the MRI because it is unsafe for that pacemaker to be turned off for the procedure. I felt as though this could be an ethical issue because the patient may greatly benefit or need information from the MRI and they might not be able to get that when they are needing it due to the pacemaker. **This is a great example. I assume that the patient's cardiologist would be contacted for the final approval. AR**

Week 5: One example of an ethical/legal issue I witnessed during my ICU clinical is that a family member may be present with a patient and wanting to make decisions upon their behalf for their loved one although they are not the POA. It is very important to make sure that we are always aware of who the POA is and to never make any medical decisions based on other family members wishes. Although it may be difficult to see someone passionately advocate for their loved one, the POA was put in place for a reason and they are there to make the medical decisions regarding end of life wishes. **Good points, Elaynah. Things get difficult when family members have differing opinions, especially with end-of-life decisions. BS**

Week 6: An ethical issue I witnessed this week on clinical was that my patient's husband stated that she had a living will that stated she did not want these measures taken however, the son is the POA and said that he wanted all measures to be taken. If the son continues to refuse to make further decisions regarding his mother's care, they may need to get the ethics committee involved to evaluate the quality of life and preference of the husband or obtain access to the patient's will. **This is a great example, Elaynah. When we aren't directly involved in decisions like this they seem cut and dry. For the family members, however, these are very difficult and emotional times. With the added stress and the emotional toll this situation takes, people are left with a very difficult decision. BS**

Week 7: An ethical issue I witnessed with my patient on 4P was that if a patient in alert and oriented, it is our job to make sure that we are taking our assessment entirely from the patient, not the family members. My patient's daughter wanted her to receive more oxycodone for pain, however when I would ask the patient, she would tell me that she was not in any pain. My neurological assessment led me to believe that my patient was competent enough to let me know if her pain was severe enough to require pain medications. Although the daughter wanted these medications given it is important to follow policies and orders in place to protect our patients. **Great job, Elaynah. Yes, the patient was fully able to make decisions for herself. It is our job as the nurse to advocate for the patient and make sure her voice is heard. Many times, it felt as if the daughter was forcing treatment/medications on the patient that she didn't want. BL**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9: A legal issue that may be seen in digestive health is that patients undergoing sedation must have a ride with them present for when the procedure is over. It is our responsibility as nurses to make sure prior to the procedure that our patients have someone who is either waiting in the waiting room to drive them home or someone who is coming to pick them up after. It is unsafe and we must make sure that our patients are aware of this prior to undergoing their procedure. **Great example and very important! AR**

Week 10: An example of an ethical issue that is seen in patient advocate and discharge planning is when we know that patients are going home against medical advice or to unsafe living conditions but refuse care or help from the discharge planner. We must respect all decisions made by patients regarding their care when they are discharged. Often times they may reach back out for resources or help and then we are able to step in to get them the resources they need but until they communicate their needs and wants, we are not to force any care beyond discharge. **This is a perfect example. AR**

Week 12: An ethical/legal issue that I saw on 3T was that my patient was diagnosed with chronic alcoholism, and we were using the CIWA scale to help manage withdrawal symptoms. During this time, he was scheduled for an MRI and Ativan was given to try to stop the patient's tremors and keep him relaxed during this time. The order for IV Ativan was only to be given for nausea related to withdrawal. However, the MRI team did not want to take him unless our nurse gave the IV Ativan rather than the oral Ativan. I understand that MRI was in a hurry and did not want to take him down unless we could get him relaxed however, this was not the IV Ativan was ordered for. **Great example, medications should be administered per the order not for the convenience of health care staff. If there was a concern regarding test validity due to patient's inability to lie still, the physician should have been notified and an order obtained for that purpose. (4c)- You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB**

Week 13: An ethical issue that I had this week during clinical on 4N was when you have patients that you know outside of the hospital. It is important to evaluate our willingness to care for patients who we know outside of the hospital and determine whether we want to be the nurse providing their care. If there is any conflict of interest or bias, it is important that we

\*End-of- Program Student Learning Outcomes

communicate this to a charge nurse to make any changes needed. **Great example, this should be communicated and the patient should also be asked to preserve their dignity and privacy. Sometimes it is comforting for a patient to see a familiar face caring for them. FB**  
 Week 14: An ethical issue that I witnessed on 3T this week is when a patient is in need of urgent care however, they are unaware of the seriousness of their condition and believe that nothing needs to be done. The patient wanted to leave and return home despite being told that they had no circulation to their lower extremities. As a nurse, we can educate as much as possible and although it is unsafe for the patient to leave, we are not allowed to keep them at the hospital. **Great example, you are correct the best we can do is provide education regarding the reason behind care needed and explain the importance and consequences. Ultimately it is the patient's decision. FB**

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

**Comments:**

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. **AR**  
 Week 5- 5a- Good performance in the clinical setting this week. 5b- This week you were able to do a line draw and 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**

\*End-of- Program Student Learning Outcomes

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. BS

Week 7-5(b,c) Elaynah, 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, except satisfactory for Manager of Care: delegation. Student goals provided: "Insert foley, insert IV, more IV medications." Additional Preceptor comments: "Unfortunately we didn't have many opportunities for "new" skills. Great bedside manner, I could tell the patient felt very comfortable. Great job. MR/FB

Week 13 (5a)- Reported on by assigned RN during clinical rotation 4/9/2024- Excellent in all areas, except satisfactory for Manger of Care: delegation. Student goals: "Insert/remove foley or NG." Additional Preceptor comments: "Elaynah was great. She had a great attitude and willingness to hit the ground running. Her knowledge level is excellent and she sought out help/resources when she had questions. She was complimented by patients several times." JW/FB Reported on by assigned RN during clinical rotation 4/10/2024- Excellent in all areas. Student goals: "I want to insert a foley during my next clinical experience. I also want to better manage a larger number of patients." No additional preceptor comments. RM/FB

Week 14 (5a)- Reported on by assigned RN during clinical rotation 4/16/2024. Excellent in all areas. Student goals: "Insert a foley and insert more IV's. Better manage 3-4 patients." Additional Preceptor comments: "Great job!" TS/FB Reported on by assigned RN during clinical rotation 4/17/2024 Excellent in all areas, except satisfactory in Provider of Care: demonstrates prior knowledge of departmental/nursing responsibilities, demonstrates safe completion of nursing skills, establishment of plan of care, Manager of Care: delegation." No student goals provided, last patient management clinical. Additional Preceptor comments: "Elaynah did an excellent job! Her bedside manner is great, her communication with patients is awesome, they were very receptive to her! Time management was good and a great team member!" KD/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
<b>Competencies:</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
d. Deliver effective and concise hand-off reports. <b>(Responding)</b>	N/A	N/A	N/A	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	N/A	N/A	N/A	S	S	S	n/a	n/a	S	n/a	n/a	n/a	S	S	S	n/a	n/a	S
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	S	S	S	S	S	S	n/a	n/a	S	n/a	S	n/a	S	S	S	n/a	n/a	S
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BS</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>

**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 posting/discussion related to your Cardiac Diagnostics clinical. Keep it up! AR

Week 4 (6f)- Satisfactory CDG postings related to your Special Procedures and Quality/Core Measures experiences this week. Great job! AR

Week 5- 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

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

\*End-of- Program Student Learning Outcomes

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 for Patient Advocate/Discharge Planner and Quality Scavenger Hunt. Keep up the great work! AR

Week 12 (6d,f)- Satisfactory completion of hand-off report with 30/30 points. No additional RN comments. MR/FB Satisfactory discussion CDG posting related to this clinical experience. FB

Week 13 (6 f)- 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
<b>Competencies:</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
c. Comply with the FRMCSN "Student Code of Conduct Policy." <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	S	n/a	n/a	S	S	n/a	S	S	S	n/a	n/a		S
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BS</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>BL</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>

**Comments:**

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

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

Week 6- 7d- Great attitude displayed during clinical this week. Keep it up, Elaynah! BS

Week 7-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Evidence-Based Updates to the 2021 Surviving Sepsis Campaign Guidelines Part 2: Guideline Review and Clinical Application." 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\*\*

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/23-2/14/2024	Infectious Process	Satisfactory BS	NA BS

AMSN  
2024

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

Comments:

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

Student Name: <b>E. Noftz</b>		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: <b>Week 6</b>							
Criteria	3	2	1	0	Points Earned	Comments	
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) <b>*provides explanation if &lt; 7</b>	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	<b>3</b>	<b>Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors.</b>
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) <b>*provides explanation if &lt; 3</b>		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	<b>3</b>	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) <b>*provides explanation if &lt; 5</b>	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	<b>3</b>	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	<b>3</b>	<b>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.</b>
	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	<b>3</b>	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	<b>3</b>	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	<b>3</b>	

\*End-of- Program Student Learning Outcomes

<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	<b>Great job with interventions! I might prioritize these a little differently, but your patient had multiple problems occurring at the same time, which makes prioritization somewhat difficult.</b>
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	<b>Nice work on your evaluation also. All highlighted assessment findings properly reevaluated.</b>
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments: Nicely done, great job on your care map, Elaynah! BS</b></p>						<p><b>Total Points: 42/42 Satisfactory.</b></p> <p><b>Faculty/Teaching Assistant Initials: BS</b></p>	

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

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  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
<b>Remediation:</b> 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

<b>Student Name: E. Noftz</b>	<b>Clinical Date: 2/6-2/7/2024</b>
<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<b>Total Points: 4</b> <b>Comments: Nice job describing your patient's current diagnosis and past medical history.</b>
<b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<b>Total Points: 6</b> <b>Comments: Great job discussing the pathophysiology of your patient's disease process.</b>
<b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)</li> </ul>	<b>Total Points: 6</b> <b>Comments: Nice work making correlations between your patient's signs and symptoms and his current diagnosis. Unfortunately, the lingering effects from his stroke will make his recovery much more difficult.</b>
<b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)</li> </ul>	<b>Total Points: 12</b> <b>Comments: Great job making correlations between your patient's diagnoses and all related laboratory results.</b>
<b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>	<b>Total Points: 12</b> <b>Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.</b>
<b>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</b> <ul style="list-style-type: none"> <li>• All related medications included (3)</li> </ul>	<b>Total Points: 9</b> <b>Comments: Very good job making the connections between the medications your patient was receiving</b>

<ul style="list-style-type: none"> <li>• Rationale provided for the use of each medication (3)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)</li> </ul>	<p><b>and their role(s) in treating his condition.</b></p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments: Nice work correlating your patient's current diagnosis with his past medical history.</b></p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments: Nice job providing a prioritized list of nursing interventions with rationales. I would suggest additional interventions related to his tube feeding and PEG tube management.</b></p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)</li> <li>• Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments: Good discussion of the interdisciplinary team members and their roles in your patient's care.</b></p>
<p>Total possible points = 65  51-65 = Satisfactory  33-50 = Needs improvement  &lt;32 = Unsatisfactory</p> <p><b>Course Objective:</b> 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><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 63/65 Satisfactory</b>  <b>Comments: Nice work, Elaynah! BS</b></p>

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

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

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

\*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Emily Litz, Elaynah Noftz, Taylor Whitworth, Shyanne Phillips

GROUP #: 6

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/27/2024 1000-1200

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p><b>NOTICING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:       E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Noticed patient heartrate of 47. Noticed patient’s EKG changes (sinus bradycardia, 2<sup>nd</sup> degree type 2, and 3<sup>rd</sup> degree heart block). Noticed patient’s SpO2 89% on room air. Noticed patient’s complaints of being “weak and tired”.</p> <p>Noticed patient has a cough. Noticed patient’s heartrate of 146. Noticed patient’s low blood pressure 94/54. Noticed patient’s low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus.</p> <p>Noticed patient not responding to introduction. Noticed patient’s heartrate on the monitor is 0.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>						<p>Interprets EKG rhythm as sinus bradycardia which then switched to 2<sup>nd</sup> degree type 2. Interpreted EKG rhythm changed from 2<sup>nd</sup> degree type 2 to 3<sup>rd</sup> degree heart block. Prioritized need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP.</p> <p>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Recognizes need for medication to decrease heart rate. Interprets diltiazem dose at 25mg IV bolus to be given over 10 minutes, then diltiazem continuous drip at 10mg/hr. Interprets patient’s complaints of shortness of breath is due to fluid bolus. Interprets patient’s lung sounds as crackles.</p> <p>Interprets EKG rhythm as ventricular tachycardia. Interprets patient is without pulse. Interprets correct dose of Epinephrine 1mg to be given every 3-5 minutes.</p>
<p><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       A       D       B</li> <li>• Being Skillful:                   E       A       D       B</li> </ul>						<p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Obtains vital signs 99.4-47-16-106/64. SpO2 89%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a cardiovascular assessment (including cardiovascular history, medications, code status). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being “weak/tired”. Atropine 1mg IV push given- reassessed vital signs. Notified healthcare provider of patient’s heart rate still being decreased after medication administration and change in EKG rhythms.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Applied 2L O2 per nasal cannula and raised head of bed. Notified healthcare provider of patient’s heartrate, EKG rhythm, and complaints of “there is a horse in my chest that is going to gallop out”. Administered</p>

\*End-of- Program Student Learning Outcomes

	<p>diltiazem 25mg IV bolus and then diltiazem 10mg/hr continuous drip for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Administered Normal Saline 0.09% 500mL bolus for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 4L per nasal cannula. Notified healthcare provider of patient with signs and symptoms of fluid overload.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on monitor. Called a code blue. Begins CPR. Applied fast patches to patient, defibrillates patient. Administered Epinephrine 1mg IV push.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> 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 and family to support planning interventions; occasionally does not pursue important leads.</p> <p><b>Interpreting:</b> 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</p>

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<p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*</b></li> <li>• <b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul>	<p>exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</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): Elaynah Noftz

GROUP #: 3

SCENARIO: **Comprehensive Simulation**

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (2,6)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>						<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>

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<p><b>INTERPRETING: (1,2,3,6)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>	<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><b>RESPONDING: (1,5,6)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       A       D       B</li> <li>• Being Skillful:                   E       A       D       B</li> </ul>	<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>

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<p><b>REFLECTING: (4,6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*</b></li> <li>• <b>Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*</b></li> <li>• <b>Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)*</b></li> <li>• <b>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)*</b></li> <li>• <b>Demonstrate ability to resolve conflict among interdisciplinary healthcare team members. (6,7)*</b></li> </ul> <p><b>*Course Objectives</b></p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p><b>Noticing:</b> 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><b>Interpreting:</b> 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><b>Responding:</b> 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><b>Reflecting:</b> 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>

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	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**

\*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:

Student eSignature & Date:

Elaynah Noftz 04/24/24

ar 12/13/2023