EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Veronica Brown

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/23/2024

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: Amy M. Rockwell, 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)
4/5/2024	1H	Didn't do Quality Scavenger Hunt CDG	4/11/2024 1H

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

Week 2(1a,b,d,e,g): Great job this week managing complex patient situations while in the ICU. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications with the bedside RN using the six rights of medication administration and utilized the BMV system. You were able to shadow the bedside nurse during the administration of blood and blood products. You did a great job responding to different alarms related to your patient's condition. CB

*End-of- Program Student Learning Outcomes

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, IV push, SQ, and PO via an OG), following the six rights of medication administration. Great job in the completion of your ECG booklet, you were able to measure and identify cardiac rhythm strips with assistance, asking appropriate questions. Great job! CB

Week 4-1(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 were able to observe your patient have a heart catheterization, and you satisfactorily completed your ECG booklet. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. BL

Week 6 (1b,c,f)- Satisfactory during Cardiac Diagnostics and Infusion Center clinical experiences and with discussion via CDG postings. Preceptor comments: Cardiac Diagnostics- "Excellent in all areas. Saw 2 CVNS and a stress. Asked insightful questions and was very engaged."; Infusion Center- "Excellent in all areas. Student was able to start multiple IVs, ports, draw labs from port/PICC. Saw blood and IVIG given and primed lines." Keep up the great work! AR

Week 7 (1b,c)- Satisfactory during Special Procedures clinical and with CDG posting. Preceptor comments: "Satisfactory in all areas. Kidney Bx (2), angioplasty (1), paracentesis, prep patients for CT and MRI, observed pacemaker patient in MRI." Great job! AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 11 (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. Keep up the great work! FB

Week 12 (1c)- I changed this competency to Satisfactory because it related to your Patient Advocate/Discharge Planner clinical experience and CDG posting. Preceptor comments: "Excellent in all areas. Veronica did an awesome job talking to patients and assisting with anything they needed." Great job! AR

Week 14 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

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

Week 3(2a,e): Roni, great job completing your pathophysiology, you were Satisfactory, please see the grading rubric below. You do a great job respecting your patients and family's needs, ensuring that optimal care is provided around their needs. CB

*End-of- Program Student Learning Outcomes

Week 4-2(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 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 10 (2 a,b,d) Good job with identifying potential complications. Remember to use all subjective and objective data to determine plan of care. Investigate the reasons behind patient signs and symptoms and correlate with the pathophysiology of disease processes. FB

Week 11 (2c) Good job recognizing changes in patient status and taking appropriate action. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB
Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 4-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL
Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Great job! AR
Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. AR

Week 9 (3c) This competency was not discussed for this clinical experience, therefore it was changed to a NA. Make sure to self-rate on competencies that are completed during the corresponding week. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 10 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 11 (3e) Great job being able to prioritize care for a group of patients during this clinical rotation. FB
Week 12 (3b)- Satisfactory during Quality Scavenger Hunt and with documentation. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: 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	S	S	S	N/A	S	N/A	N/A	**S**
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	N/A	S	S	N/A	N/A	**S**	S	S	S	S	N/A	N/A	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	S	~~S~~ U	S	S	N/A	N/A	**S**
Faculty Initials	**CB**	**CB**	**BL**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

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

Comments:

Week 2: The largest ethical dilemma was the obvious case between the intubated patient and the patient's brother. Although he was not my patient, I was able to observe at a distance the ethical issues that were taking place. The patient had previously made his own decision to become a patient at Stein Hospice and discontinue his dialysis treatments. He was living at a nursing home when his brother showed up after an extended time away and found out about his new code status and condition. The patient was admitted to the hospital and his code status was changed by his brother when he was not alert and oriented. His previous decision that he made for himself was then revoked and he eventually agreed with his brother to be intubated.

Week 2(4a): Unfortunately, these types of situations happen often, that is why it is very important to advocate for your patient's wishes. It is also very important that education is provided to the patient and family members regarding POA, living wills, and code status. CB

Week 3: The only issue I really saw this week was one that occurs frequently on nursing floors. After the nurse for our room was notified that we had her patient, she pulled the medications for the morning and put them by the computer in the room. Although the patient was restrained and ventilated, the medications were sitting on the desk unattended and unlocked until we administered them some time later. These actions were repeated later when she received new orders for alteplase for an occluded catheter. This is a great example! You will find that nurses do this to save time, but does it really? Also, like you mentioned they were just lying on the counter, the bedside nurse could have made the extra attempt to put them in the locked cabinet in the patient's room. CB

Week 4: This week I had the opportunity to watch a heart catheterization on my patient who was admitted with chest pain. During the set up for the procedure, the technician was setting up the sterile field for the doctor to perform the procedure. The technician was attempting to quickly set up the space, but in the process was breaking sterile field multiple times. After the procedure, a nurse assisted the technician with getting the patient ready for transport. The nurse was getting a new bag of fluids ready to hang for the patient and had the capped spike in her mouth to hold while she opened the tubing and picked up trash around the room. She eventually took the cap off the spike and left it in her mouth as she spiked the bag and then hung the fluids for the patient's postoperative care. Roni, I'm disappointed to read that you

*End-of- Program Student Learning Outcomes

witnessed these actions. As healthcare workers, it is our ethical duty to do no harm to patients. The actions you witnessed could have indirectly led to patient harm in a number of different ways. BL

Week 5: This week, I did not directly see any ethical or legal practices, but I did discuss them while in the Quality Assurance and Core Measures clinical. We were discussing the importance of accurate charting and what happens when a patient decides to take legal action against the hospital or nursing staff. The process is lengthy and can take a couple of years to get to trial. In this time frame, it is easy for the nurse to forget who the patient is, which is why it is extremely important to accurately document. When on trial, the nurse only has their charting to rely on as to what care they performed on the patient. The example that was given was the a nurse who charted an IV assessment. They charted at 0800 that the IV was patent, flushed, and the dressing was changed. At 1000, the nurse charted again that the IV was patent, flushed, and the dressing was changed. Every documentation under IV assessment was the same due to the nurse dragging and dropping the same documentation every two hours without ensuring that the information was correct, and the actions were actually performed. This could make the rest of the nurse's charting seem untrustworthy and she could overlook something in the care of the patient. This is a great example and yet another reason why copying/pasting documentation should never be done! AR

Week 6: This week I was able to witness a cardioversion on a 77-year-old male. This patient has had multiple cardioversions due to frequently switching from sinus rhythm into atrial fibrillation. Even though the patient is on metoprolol, his heart rate was still 117 during his admission assessment. The patient has had frequent problems related to his atrial fibrillation, the most recent being his lower extremity edema. During the cardioversion, the doctor had to take all three attempts and move the electrode patches for the cardioversion to be effective. After the patient regained consciousness, the doctor had a serious conversation with him and his daughter. He explained the severity of him needing to be shocked all three times and needing to investigate other interventions to fix his atrial fibrillation. His daughter explained that the doctor they were referred to refused to do the ablation that they were originally wanting. The doctor urged them to get a second opinion in Cleveland with doctors who were more experienced with the procedure. The daughter stated they wanted to stay in the area, but also were not sure if they wanted to get a pacemaker. This leaves the patient with very few options left and with the possibility that the cardioversion will not be a viable option for him for much longer. Very good example and definitely has some ethical concerns. AR

Week 7: I was able to observe a kidney biopsy in CT this week in special procedures. Unfortunately, the patient does not speak English as his first language and only knew a couple phrases. The patient was 24 years old, originally from Peru, and spoke Spanish. He was admitted due to AKI, fluid overload, and hematuria while working at Kalahari. The only thing the patient reported taking was an unknown vitamin. For this procedure, the doctor had to use the translator to get consent and explain what he would be doing. The patient would be required to hold his breath to prevent the kidney from moving with respirations while a hollow needle was inserted for biopsy. The translator itself was useful, however, it was so quiet that the patient and doctor struggled to hear the interpreter through the tablet. The interpreter was also struggling to hear the patient to be able to interpret what he was saying to the doctor. When we returned the patient back to his room on the floor, the nurse stated that they never use the translator and it is only used by the doctors. It made me worried about how much of his care he is understanding or is being explained to him. The translator is definitely a necessary tool, but the implementation of it still seems like it needs reworking. This definitely brings up legal and ethical concerns if only physicians are using the services when caring for this patient. Bringing in the Patient Advocate would be very appropriate in this case. Thanks for sharing. AR

Week 9: This week I had a patient who was 67 years old who was admitted with a chief complaint of back pain. His situation was a mixture of ethical and legal issues due to his recent back surgery and his stay at a local facility. Prior to his back surgery, he was independent and living at home alone. Afterwards, he was confined to a bed due to diminished feelings in his legs and the inability to walk. He was on bedrest at the local facility and was admitted with two separate stage IV pressure ulcers that required an I&D to remove dead tissue a promote skin healing. The back surgery unfortunately caused further neurological damage and the facility was not ensuring that he was properly turned to prevent tissue damage. Great example, this raises many concerns for this patient. On top of having a painful pressure ulcer, he has suffered great loss of mobility. Very devastating. FB

Week 9 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 10: During the morning of the second day of clinical, I helped another student with repositioning and checking one of their patients. The patient is immobile and is unable to communicate verbally due to a stroke. He needs assistance with doing all personal care, including eating. The patient care technician for the section had a medical emergency and had left the floor to be seen by the emergency department which left the patient in the care of just the nurse. During lunch, it was not communicated that this patient would need assistance from the remaining patient care technicians on the floor. The patient's tray was sitting in his room, untouched and

out of his reach while the nurse had left the tray waiting for someone else to feed him. Great example, communication and collaboration is very important when providing care to patients. You can never assume that someone else is going to complete a job or task if not communicated appropriately. FB

Week 11: This week, I had a patient that had an unfortunate infestation at his home with bed bugs and scabies. During our care with the patient, he told us how he and his wife combined their stimulus checks to pay for treatments in their home. After the treatments, he stated the infestation seemed to only get worse and has not been able to pay for additional treatments since then. He was the most pleasant patient I have ever had an encounter with, and I was extremely sad that he had to live in those conditions due to financial difficulties. Fortunately, case management was able to get him a grant through Davita and Catholic charities for assistance with treatments in his home. The patient stated that he was just grateful he was not homeless and that was why he waited so long to come to the hospital to begin with. During discharge, the patient asked what he was supposed to wear home due to his clothes being in an environmental bag and stated that he was unsure if he even had any other pants at home. We found some new clothes for the patient, and he was extremely grateful once again. Great example of an ethical dilemma. It is nice that they were able to get some resources for this patient. The infestation if not taken care of could cause many hospital visits related to the problems that accompany bugs. FB

Week 12: This week, I observed patient advocate's role in the hospital and their involvement with patients. When I was first being introduced to the role, the patient advocate was explaining different situations that they may get involved in throughout the hospital. In one case, a patient was brought to the ER for a mental health crisis and was being evaluated for a safety plan. When it was determined it was safe for her to return home, she was discharged. The patient received her bill for the visit a couple weeks later and it amounted to over one thousand dollars due to a respiratory panel the doctor ordered while she was there. She contacted the hospital and patient advocate was brought into the case due to the confusion on why the patient was ordered a respiratory panel when she was there for a mental health crisis. It was found that the patient had a runny nose when she was there, so the nurse had swabbed her nose and mouth to see if it came back for the flu or COVID. The order was questioned due to it being put in the computer as a verbal order and whether it was placed on the correct patient and why it was done since it was unrelated to the reason she came in. The patient advocate was able to talk to the director of the ER and get the bill written off due to the questionability of the situation and the patient did not have to pay for the visit. This is an excellent example related to the Patient Advocate's role. They are so important to the patients and organization! AR
(4c)- You have received an unsatisfactory for this competency due to not doing Quality Scavenger Hunt CDG by the due date/time. Be sure to properly address this "U" on next week's tool (see directions on pgs 1-2 of this document). AR

Week 13: Last week, I exhibited irresponsibility by not turning in my Quality Scavenger Hunt CDG and only turned in the one for Patient Advocate. It was my fault for not properly looking through the directions completely. In the future, I will be reviewing all CDG directions in full prior to clinicals. After the completion of the clinical, I will review the document again to ensure that I did not miss any directions and the assignment is completed in full before turning in my work. Thank you! AR

Week 14: This week in Digestive Health, a patient was brought back to a room to be checked in for a procedure. While placing her IV, the patient seemed slightly confused and made off putting comments. She stated she was from home alone with her husband, and she was brought in for the procedure. After leaving the patient's room, there was concern on whether the patient could properly consent to the procedure and understand what the risks were. After looking at her chart, it was found that she was not from home and came from a nursing home. The patient was evidently very confused and was not completely aware of her situation. This could certainly cause a problem with the proper consent being obtained. I would be interested to see how it turned out and who signed for the procedure. Great example! AR

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

Comments:

Week 2(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB

Week 3(5a): Roni, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

Week 4-5(b,c) Roni, 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 5 (5c)- Satisfactory discussion related to your Quality Assurance/Core Measures observation. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Excellent in all areas. Student goals: "Manage multiple patient assessments, meds, charting, etc. in an organized timely manner." Additional Preceptor comments: "You did a great job taking care of 2 patients. Keep up the great work!" AT/FB

*End-of- Program Student Learning Outcomes

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/19/2024– Satisfactory in all areas, excellent in Manager of Care: communication skills, Member of Profession: demonstrates professionalism in nursing. Student goals: “Work on documenting when educating my patients.” Additional Preceptor comments: “Student was organized. Looked up medications, knew the reason for the meds and parameters to check before administering them. Passed PO, SQ, and IV medications properly and in an organized manner. Asked questions when appropriate. Helped with call lights when not in her patient rooms.” DM/FB Reported on by assigned RN during clinical rotation 3/20/2024- Excellent in all areas. Student goals: “Take a full load of patients and manage care efficiently.” Additional preceptor comments: “Great job!” TS/FB

Week 11 (5a)- Reported on by assigned RN during clinical rotation 3/26/2024. Excellent in all areas, except for Manager of Care: delegation. Student goals: “ Have better time management and utilize delegation when necessary.” Additional Preceptor comments: Great job today with 3 patients! Great IV start.” CA/FB Reported on by assigned RN during clinical rotation 3/27/2024 Excellent in all areas. Student goals: No student goals provided. Additional Preceptor comments: “Roni does a great job with completing all tasks in a timely manner. She has great time management skills and great patient communication skills.” LR/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2(6a,c): Roni, great job this week collaborating with the bedside RN that was caring for your patient. You did a great job communicating all changes, and documenting all interventions performed due to those changes. CB

Week 3(6a,b,c,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very detailed and completed on time. Your CDG was Satisfactory, meeting all requirements. CB

Week 4-6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 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 5 (6f)- Satisfactory CDG posting related to your observation experience this week. Keep it up! AR

Week 6 (6c,f)- Satisfactory discussions related to your Cardiac Diagnostics and Infusion Center clinical experience. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 7 (6f)- Satisfactory discussion via CDG posting related to your Special Procedures clinical experience. Keep up the great work! AR

Week 9 (6 e,f) Great job with documentation of interventions and medication administration during this clinical experience. Satisfactory completion of CDG post following CDG rubric guidelines. FB

Week 10 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. Additional comments provided: "Student hit all points in an organized and clear manner." DM/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 11 (6f)- Satisfactory discussion via CDG posting related to your patient management clinical experience. Keep up the great work! FB

Week 12 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. (6f)- While your Patient Advocate/Discharge Planner CDG posting was satisfactory, you have received an overall unsatisfactory due to not completing the Quality Scavenger Hunt CDG by the due date and time. . Be sure to properly address this "U" on next week's tool (see directions on pgs 1-2 of this document). AR

Week 13 (6f)- Satisfactory CDG posting related to your Quality Scavenger Hunt. You properly addressed the "U" on a previous objective therefore you are Satisfactory. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 3(7d)- Great job displaying a commitment to provide optimal care and enthusiasm for the caring of individuals at very vulnerable and often difficult times. CB

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Aseptic Technique and Perioperative I.V. Medication Administration." Excellent job! BL

Week 5 (7a)- Satisfactory with CDG posting related to your observational experience this week. AR

Midterm- Great job during the first half of the semester! Keep up the great work during the remainder of the course! AR

Week 11 (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

Final- Great job in all clinical experiences this semester! Best of luck in your career as a RN! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/16-17/2024	Bleeding	S/CB	NA

2024

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: Veronica Brown **Date or Clinical Week:** 1/16-17/2024				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	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	Great job listing all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors, the only suggestion I would have is to highlight the heartrate, bruising, and SpO2. You listed potential complications related to your priority problem and s/sx.
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job with specific, prioritized, individualized

*End-of- Program Student Learning Outcomes

ponding	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	interventions for your patient that included a frequency and rationale. The only suggestion I have for this would be to include an intervention to change the central line dressing every 7 days, and I would assess the IV/RIJ q2 hours.
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	14. Evaluation includes one of the following statements: • 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.**

Faculty/Teaching Assistant Comments:

Total Points:
42/42

Faculty/Teaching Assistant Initials:
CB

*End-of- Program Student Learning Outcomes

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

Student Name: Veronica Brown **Clinical Date:** 1/23-24/2024

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2)-2 • Past Medical History (2)-2	**Total Points:** 4 **Comments:** Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)-6	**Total Points:** 6 **Comments:** Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2)-2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)-2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)-2	**Total Points:** 6 **Comments:** All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3)-3 • Rationale provided for each lab test performed (3)-3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)-3	**Total Points:** 12 **Comments:** Excellent job, Roni! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3)-3 • Rationale provided for each diagnostic test performed (3)-3 • Explanation provided of what a normal diagnostic test	**Total Points:** 12 **Comments:** All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.

*End-of- Program Student Learning Outcomes

result would be in the absence of current diagnosis (3)-3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3	
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)-3 • Rationale provided for the use of each medication (3)-3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)-3	**Total Points: 9** **Comments:** Great job including all medications, all information is detailed and accurate.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2)-2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)-2	**Total Points: 4** **Comments:** Great job correlating the patient's past medical history with current diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)-6	**Total Points: 6** **Comments:** All pertinent nursing interventions are prioritized and you provided detailed rationales.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)-2	**Total Points: 6** **Comments:** Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient. The only suggestion I have is including therapies (PT/OT/ST), the diabetic educator, and wound.
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	**Total Points: 65/65** **Comments:** Excellent job, Roni! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB

*End-of- Program Student Learning Outcomes

*End-of-Program Student Learning Outcomes	

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

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Veronica Brown, Taylor Fox, Ashley Huntley, Caitlyn Silas
GROUP #: 7
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/27/2024 1230-1430

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient heartrate of 44. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 92% on room air. Noticed patient's complaints of being "tired" and nauseous. Noticed patient has a cough. Noticed patient's heartrate of 164. Noticed patient's low blood pressure 82/52. Noticed patient's low SpO2 91% on RA. Noticed patient with increased shortness of breath after fluid bolus. Noticed patient not responding to introduction. Noticed patient's heartrate on the monitor is 0.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 25 mg IV bolus to be given over 10 ins, then continuous diltiazem drip at 10mg/hr. Interprets patient's complaints of shortness of breath is due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets EKG rhythm as ventricular tachycardia.
RESPONDING: (1,2,3,5,6,7)* • 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	Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.4-44-20-104/56. SpO2 92%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a focused cardiovascular assessment (including detailed questions about cardiovascular history, medications, symptoms). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed patient and vital signs. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block).

*End-of- Program Student Learning Outcomes

	Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 2L O2 per nasal cannula. 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". Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm-reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Normal Saline 0.09% 1000mL bolus given for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 6L per nasal cannula and discussed options for increased oxygen needs. Notified healthcare provider of patient with signs and symptoms of fluid overload. Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Called a code blue. Begins CPR. Applied fast patches to patient, and defibrillates patient. Administered Epinephrine 1mg IV push.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). 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! 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. 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!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing**	Lasater Clinical Judgement Rubric Comments: 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 and family to support planning interventions; occasionally does not pursue important leads.

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B= Beginning **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: 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. 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. Satisfactory completion of the simulation scenario. Great job!

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Veronica Brown
GROUP #: 2
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/19/2024

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

*End-of- Program Student Learning Outcomes

INTERPRETING: (1,2,3,6)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Accurately interprets abnormal assessment findings (chest pain, diaphoresis, SOB), vital signs (BP, HR, SpO2), ECG (ST elevation-Inferior wall MI), and lab values (Troponin) in ER. ECG interpreted correctly. Recognized the need to continually interpret vital signs, heart rhythm, and pain throughout the case. Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI. Excellent job prioritizing appropriate data to include in communication using the SBAR format. Excellent interpretation of data. Upon reviewing the vital signs and monitor/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient's symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload. Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.
RESPONDING: (1,5,6)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Multiple dosage calculations performed accurately. Several IV drips and boluses (heparin, nitroglycerin, Bivalirudin, amiodarone) were calculated and initiated appropriately. Sedation medications were calculated, verbalized, and administered. IV pump correctly programmed for bivalirudin bolus and drip. Nice job with SBAR communication when transferring patient throughout the scenarios. Appropriate medications were chosen to treat Afib and heart failure/fluid overload. Provided patient education related to lifestyle modifications including medication compliance and smoking cessation. Demonstrated clear communication providing the necessary components to include during-hand-off report for transition of care utilizing SBAR. Applied appropriate interventions based on assessment findings in all departments. Active engagement throughout scenario. Provided accurate and pertinent information when phoning healthcare provider; accurately read orders back to verify. Provided appropriate communication and conflict management responses to healthcare provider and team members. Provided accurate and pertinent information in the development of a Satisfactory care map.

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REFLECTING: (4,6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios. Acknowledged the importance of customizing teaching to accommodate patient lifestyle. Asked appropriate questions to gain understanding of information provided. Identified areas of improvement to foster clear and concise communication using SBAR. Reflected on ways to resolve conflict in appropriate manner.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*** • **Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*** • **Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)*** • **Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation and develop plan of care. (1,2,3,5,6,7)*** • **Demonstrate ability to resolve conflict among interdisciplinary healthcare team members. (6,7)*** ***Course Objectives**	Lasater Clinical Judgement Rubric Comments: **Noticing**: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient to support planning interventions; occasionally does not pursue important leads. **Interpreting**: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. **Responding**: Assumes responsibility; delegates team assignments; assesses patients and reassures them. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. **Reflecting**: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and

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	weaknesses and develops specific plans to eliminate weaknesses. Overall excellent performance during the comprehensive simulation on a patient experiencing an inferior myocardial infarction. Total care from ED to Catherization lab to ICU and discharge education was completed satisfactorily.

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EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: Veronica Brown 4/24/2024

ar 12/13/2023

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