



## 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 NI	S	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S	N/A S	N/A	N/A	N/A	S
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	S	S	S	N/A	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
e. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	S	S	S	S	N/A	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	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	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR
<b>Clinical Location</b>	4P/ 4C	4C	4C	IS, SP	QC	CD	NO CLINICAL	NO MAKE-UP CLINICAL		3T	3T	3T	4N, DH	PD, SH	NO CLINICAL	NO CLINICAL	NO MAKE-UP CLINICAL	

Comments:

Week 2-1(a-e,g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO

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(both orally and via OG tube), SQ and IVP medications all while following the six rights. You also had the opportunity to observe your patient have a heart cath procedure. Great job monitoring your patients very closely on both 4P and the ICU to ensure positive patient outcomes. BL

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Week 3- 1a,b- Great job this week managing and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included PO (OG), IV, SQ, and IVP. BS

Week 4(1a,d,e): Lyndsey, I changed competency (1a) to a “NI”. This week you had difficulty managing the care of your patient on Tuesday, falling behind in-patient care and documentation. You did take my suggestions on Tuesday and improved with time management and managing the care of your patient on Wednesday. Great job being Satisfactory in the completion of your ECG booklet; you were able to measure and identify different cardiac rhythm strips. You followed the six rights of medication administration with all medication passes this week (PO, SQ, IV), ensuring patient safety. CB

Week 5 (1b,c)- Satisfactory during Special Procedures and Infusion Center clinical experiences, and with discussions via CDG postings. Preceptor comments: Special Procedures: “Excellent in ‘actively engaged in the clinical experience’ and satisfactory in all other areas. IV starts, observed bone marrow bx, vascular thrombectomy, myelogram, MRI pacemaker patient.”; Infusion Center: “Satisfactory in all areas. There was limited opportunity to complete skills today, but she observed a variety of patients. She assisted with wound care.” Great job. AR

Week 7 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Saw multiple stress tests.” 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 13 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Great job! AR

**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	S	S	S	N/A	N/A	N/A	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	N/A	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	S	N/A	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	S	N/A	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	N/A	N/A S	S	N/A	S	N/A	N/A	S	S	S	S	S	S	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	S	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR

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

**Comments:**

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

Week 2- 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 during debriefing discussing social determinants of health that could have an impact on your patient’s health, well-being, and quality of life. BS

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Week 4-2(b,c,d) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. I changed competency (4d) to “S” because when caring for patients you are always formulating a plan of care based on their needs. CB

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

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**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	S	S	S	S	N/A	N/A	N/A	S
a. Critique communication barriers among team members. <b>(Interpreting)</b>	S	S	S	S	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	S
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	S	S	S	S	S	N/A	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	S NA	N/A	N/A	N/A	N/A S	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	S	S	S	S	S	N/A	N/A	N/A	S
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	N/A	NA	S	S	S	S	N/A	N/A	N/A	N/A	S							
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR

**Comments:**

Week 2-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Week 3- 3c- You did a great job during debriefing of critiquing communication barriers observed in the clinical setting. BS

Week 4-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Week 5 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. AR

Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

Week 9 (3c) This competency was changed to a NA because you did not discuss fiscal responsibility during this clinical experience. Remember to self-rate on competencies completed 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 13 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. Great job! AR

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## 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	S	S	S	N/A	N/A	N/A	S
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)									S									S
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S	S	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	S	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	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: A potential ethical issue I noticed during my clinical experience this week was that my patient in the ICU did not have a POA and had no family that lived nearby. Before she was intubated, she stated that her daughter and granddaughter could be told information regarding her care and status but wanted the granddaughter to be notified first if possible. Since she did not designate anyone as her POA, the decisions regarding her care may not go to someone she desired to have that power. As she had been recently admitted and intubated by the time I was able to care for her, especially since she was admitted with respiratory distress, I feel that determining her level of education of POAs would have been difficult. While there would still be a process to determine who will fill the POA position, it is hard to determine what her true wishes were while she could still advocate for herself. This is a great example of a potential ethical issue that may occur. As you mentioned, because this patient does not have a designated POA, in the event the patient is unable to make decisions for herself (such as being on a ventilator) her next of kin will be given the authority to make decisions. The hope is that those individuals will carry out her wishes, but also that they know her wishes to begin with. This is why it is so important that patients designate POAs, as well as choose someone who will definitely advocate to see their wishes carried out in end of life situations. BL

Week 3: I had the same patient this week that I did my legal/ethical competency on last week. However, my patient went into cardiac arrest on the 23<sup>rd</sup> and has been through numerous tests and procedures since the previous week. As she is 79 years old, this takes a huge toll on her body. As we do not know when she set her code status to a full code, it brings up the question of whether she would keep her full code status or switch to a DNR if she was alert and oriented after everything she has been through. Many people do not fully understand how many interventions can be performed to keep a person alive, and do not realize the toll it takes on an older individual. After her cardiac arrest, the cooling protocol that followed, and all the medications and other interventions that were performed, would she still want to stay as a full code or would she feel that she has been through a lot/too much already? Great example, Lyndsey. I wonder the same thing. I kind of have the feeling that she would not want all of this done to her. It's unfortunate that her family members are not involved more. If she doesn't wake up, they will have some tough decisions to make. BS

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Week 4: My patient this week is quadriplegic after being shot in the neck around a year and a half ago, and this requires her to have a full-time caregiver in order to meet her daily needs. Her mother is currently her caregiver and she is retired, having the time to care for her daughter. However, as she gets older she may not be able to give the same level of quality care that she can now. If she cannot care for her daughter anymore she will have to either rely on another family member or have to go to a long-term care facility. These facilities can be expensive, especially if there are not a lot of extra funds already. My patient's quality of life can dramatically decline if these factors occur later on, and she would not have any control over it as she needs the assistance. **This situation is heartbreaking and like we discussed in class, hopefully the patient has informed her family of her wishes, and they have a plan in place if anything would ever happen to her mother which is her caregiver. CB**

Week 5: A potential ethical issue I noticed during my special procedures clinical involved a man who was there to have a left leg thrombectomy. The blood clot he had has been there for a long time, spanning from mid-knee to just above his pelvis. The surgeon had difficulty advancing the catheter because the clot had hardened and took up almost the entirety of the vessel. If he had not noticed this leg pain or just associated it with another one of his conditions, the blood flow would be severely limited and lead to further complications. I do not know if he had gone to the doctor before about the pain and if he did, the doctor may have dismissed it as one of his other issues. Having a clot as large as he did with that much obstruction for so long could severely impact his health, and I wonder if there were previous attempts to determine the cause of the pain. I also wonder what would have happened if he dismissed the issue and let it go longer, and how his health would have been affected. **It would be interesting to know the answers to your questions. It is disturbing when a patient has something this severe for that long and as you stated it could be due to his personal medical follow-up or his healthcare provider. Thanks for sharing. AR**

Week 6: Although I did not have a patient this week, we talked a lot about standardization of care in Quality Assurance and Core Measures. Standards of care have changed numerous times throughout the years, and there had to be patients who did not have favorable outcomes regarding their care for a change to be considered. It is great that so many changes have been implemented to improve quality of care, but it is still unfortunate for those who could not receive this care because the research had not been conducted. **Science and medicine is always evolving and it is sad to look back at all the people in the past who could have been helped by newer offerings. AR**

Week 7: A potential issue that could have occurred this week if the nurses were not aware of the patient's condition would be giving a patient a treadmill stress test rather than the nuclear stress test. One of the patients I observed this week has atrial fibrillation that comes and goes and also uses a walker for a back injury. He needed a stress test done as preoperative clearance for the back surgery, and both of these would disqualify him from using the treadmill version. Atrial fibrillation causes disruptions in the ECG readings and the nurses and cardiologist would not be able to accurately assess his heart function, therefore giving accurate test results. This would not be fair to the patient as he has to pay for the testing and surgery, and the healthcare team has a duty to care for patients in the best way possible. **This is a great example for Cardiac Diagnostics. The nurses use their clinical judgment to plan the best care for the patients coming in for a stress test. AR**

Week 9: A potential legal issue that I noticed during clinical this week would involve a patient who had been getting aggressive with other nurses. She was getting ready to be discharged and a nurse went into the room to let her know that she would help her get changed into her clothes to go home, and the patient started yelling at the nurse very loudly. None of the nurses knew what had caused her to express this outburst, and other nurses rushed over to the room to make sure the nurse in the room was okay. Thankfully the patient had not gotten physical with the nurse, but if she had there could have been a lot of legal issues that would have been involved. The nurse never said anything rude to the patient to make sure that no escalation of the situation occurred. All the staff handled the situation with patience and respect for the patient, which I feel helped create a positive outcome overall. **Great example, in this situation it is best to use de-escalation tactics. If the patient has the start of dementia they may feel as if they need to protect themselves from being violated even if that is not the intention. Being ill and vulnerable can make individuals react in many different ways. 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: A possible ethical issue that occurred this week would involve one of my patients who I cared for on Tuesday. She was admitted for confusion and was diagnosed with an acute UTI, and the stories I heard during report, read in the provider's notes, and heard from the patient were not all the same. The patient had told me she lived with her grandson, but her daughter and one of the provider's notes stated that she lived alone. In report, I heard that right before she was admitted, she was

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found in a chair covered in feces and urine and had been there a couple of days. However, my patient told me she had only slept in her chair for one night because her RA was flaring up bad and she could not climb the stairs to sleep in her bed. She also mentioned that she does not like to sleep in her room because she sees her dead husband walking around in the bedroom and it scares her. If her grandson was living with her, I would hope that he did not leave her in her chair for a couple of days in that state before calling anyone. If she was sitting in the chair in her feces and urine, I also would have hoped that someone noticed her altered mental status before it reached that point. She has had previous admissions related to seeing her dead husband, either walking around the bedroom or seeing his head hung by the mirror in the bathroom. If she mentioned these hallucinations to anyone before she was admitted, someone should have recognized this change and taken her to receive care. **Great example, you would wonder if the family is not providing truthful statements because they are afraid that they could be held accountable. It is so hard to decipher the truth at times when you hear so many conflicting reports. For the patient's sake I hope she is not living alone, with her hallucinations and probably the start of dementia it could be very unsafe for her. FB**

Week 11: An ethical issue during my clinical this week that I noticed involved one of my patients who was admitted for a CHF & COPD exacerbation. She had asked me about what a sodium-restricted diet was and what was involved with this. As she already had CHF, I wonder if her doctor who diagnosed her heart failure or someone else caring for her at that time went over these restrictions with her. If she was not aware of this, she could not follow the guidelines to help manage her diagnosis. Education is key when caring for patients to help prevent reoccurrences and to encourage patients to play a more active role in their own health. I would hope that someone had previously explained this to her in order for her to manage her condition, but I am not sure that it happened based on the questions she asked me. Patients have a right to know what they can do in order to promote their well-being, especially when it can save them the cost of going to the hospital. **Great example, it is good practice to provide the patient with written materials as well as discussion when providing education of any kind. It is also important to let the patient have time to digest what was taught and time to ask any questions. If we want them to be responsible for their health and well being we need to give them the tools. FB**

Week 12: An ethical and potential legal issue I noticed during my patient management clinical involved a patient who was admitted with a C2 fracture. She had fallen 10 days prior to her admission, and only found out something was wrong when she went to a massage therapist to work out what she thought was just a sore muscle. When she was admitted to 3T after being assessed in the ER, a physician checked on her as well. When speaking to the nurse who was assigned to this patient, she stated that the physician advised the patient to remain on strict bedrest due to her high risk of paralysis but neither physician put in an actual activity order stating her limitations. If someone was not told about her limited movement and attempted to reposition her/get her out of bed, this could lead to further injury that could have been avoided. The nurse stated she asked the physician to put in this order, but as she kept checking the patient's orders she did not find any updates. This patient was admitted near the end of my clinical so it could have been put in eventually, but there are a lot of people in the healthcare team that would be visiting her; especially with the severity of her injury. **Great example, communication in all forms is so important for positive patient outcomes. If the order did not get entered the next nurse might not realize the restrictions and result in a bad patient outcome. FB**

Week 13: While performing rounds with the patient advocate, we visited a patient whose daughters were asking for the patient to get a scope procedure because one daughter felt her mother had a GI bleed. The patient recently had a heart attack and had a stent placed, so she was put on anticoagulant therapy to assist with successful treatment. The nurses previously explained that invasive procedures such as this are contraindicated when receiving anticoagulants because of the high risk of bleeding. The patient was constipated and was receiving numerous stool softeners/laxatives to assist her with having a bowel movement. If the doctor went through with this procedure and caused any source of bleeding, the patient is at a very high risk of further complications that could be avoided by following through with noninvasive assessments/testing. **This is a great example and could have ethical and legal implications (if they would do it or not do it). Thanks for sharing your thoughts. 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
<b>Competencies:</b>	S	S	S	S	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	S
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	S	S	S	S	N/A	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	S	S	S	S	N/A	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	S	S	S	S	N/A	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	S	S	S	S	N/A	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	S	S	S	S	N/A	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	S	S	S	S	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR

**Comments:**

Week 2-5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 3- 5b- You showed initiative this week and were able to place a new OG tube when the patient’s tube went bad, with good technique. Nice work! BS

Week 4-5(b,c) Lyndsey, you did a great job removing your patient’s central line with proper technique this week. I have a few suggestions, please be confident in your skills and knowledge and never say things like “I’m paranoid” in front of your patient. Comments like this suggest that you are not competent or capable of caring for complex patients. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. CB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 3/12/2024. Satisfactory in all areas, except excellent in Provider of care: demonstrates safe completion of nursing skills, Manager of care: communication skills, Member of the profession: demonstrates professionalism in nursing. Student goals: “My goals are

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to learn how to best manage my time when I have more than one patient and hopefully to get more experience with the admission and discharge processes.” Additional Preceptor comments: “Great job!” TM/FB

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/19/2024– Excellent in all areas, except satisfactory for Provider of Care: demonstrates prior knowledge of departmental/nursing responsibilities and Manager of Care: delegation. Student goals: “Become more time efficient with patient care.” No additional Preceptor comments. JF/FB Reported on by assigned RN during clinical rotation 3/20/2024- Excellent in all areas, except satisfactory for Provider of Care: establishment of plan of care and Manager of Care: delegation. Student goals: “Learn how to manage patient care with more patients.” No additional preceptor comments. JF/FB

Week 11 (5a)- Reported on by assigned RN during clinical rotation 3/27/2024 Excellent in all areas, except satisfactory in Manager of care: delegation. Student goals: “Managing time more effectively, more experience with admission/discharge.” Additional Preceptor comments: “Lyndsey did very well very competent with patients. She verified orders, medications for safe care.” MHC/FB

Week 12 (5a)- Reported on by assigned RN from clinical rotation 4/2/2024- Excellent in all areas, except satisfactory for Provider of Care: establishment of plan of care, and Manager of Care: delegation. No student goal was provided, last patient management clinical. Additional Preceptor comments: “Lyndsey was professional and very open to learning.” JB/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	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	S
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>	S	S	S	S	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	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	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	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	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	S
d. Deliver effective and concise hand-off reports. <b>(Responding)</b>	S	S	S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	S	S	S NI	N/A	N/A	N/A	N/A	N/A	S*	S	S	S	S	N/A	N/A	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	S	S	S	N/A	S	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR

**Comments:**

Week 2-6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 3- 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 pathophysiology CDG this week. BS

Week 4(6e,f) Lyndsey, I changed competency (6e) to a “NI” due to late documentation on Tuesday and difficulty with time management. I know that situations can be overwhelming at times, but a suggestion I have for you would be to use a report sheet for all of your patient information. I have noticed that you have multiple papers

\*End-of- Program Student Learning Outcomes

you shuffle through to find information, taking up time, which potentially could cause patient harm in an emergency. You did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. Satisfactory completion of your CDG this week, meeting all requirements. CB  
Week 5 (6c,f)- Satisfactory CDG postings related to your Infusion Center and Special Procedures clinical experiences. Keep up the good work. AR  
Week 6 (6f)- Satisfactory CDG posting related to your Quality Department observation. Keep it up! AR  
Week 7 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Great job! AR  
\*Midterm (6e)- You are satisfactory at midterm for this competency based on the comments from faculty stating you showed improvement on your second day of week 4. Keep up with timely and accurate documentation as you proceed to Patient Management. 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 28/30. No RN comments provided. JF/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: 3T clinical CDG was completed last week (this week was a make-up clinical), and Digestive Health did not require a CDG. AR

Week 13 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great work! AR  
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	S	S	S	S	N/A	N/A	N/A	S
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	S	N/A	N/A	S	S	S	S	S	S	N/A	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	S	N/A	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	S	N/A	N/A	N/A	S
<b>Faculty Initials</b>	BL	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	FB	AR	AR	AR	AR	AR

**Comments:**

Week 3- 7d- Great example of an "ACE" attitude this week. Keep it up! BS

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Flushing and locking management related to central venous catheter occlusion rate among adult patients in acute care: a best practice implementation project." Excellent job! CB

Week 6 (7a)- Satisfactory with discussion related to your Quality Department observation. Keep up the great work! AR

Midterm- Great job in all clinical settings during the first half of the semester! Keep up the great work as you complete the semester. 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

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
01/16/2024- 01/17/2024	Risk for Impaired Cardiovascular Function	Satisfactory BL	NA

Care Map Evaluation Tool\*\*  
AMSN  
2024

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

Comments:

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

Student Name: <b>Lyndsey Sitterly</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>01/16/2024-01/17/2024</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*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	For your nursing problems/diagnoses, remember that your top priority problem should not be a "risk for" diagnosis. Your patient has an active problem going on. Therefore, your top priority would be "Impaired Cardiovascular Function." With that being said, the other "risk for" diagnoses you have listed are appropriate. Some other nursing problems/diagnoses you may have wanted to include: decreased activity tolerance, unstable blood pressure, decreased cardiac tissue perfusion (this would be a better top priority problem), and acute pain. Great job listing potential complications for your top nursing priority problem, as well as signs and symptoms to monitor for each complication.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

\*End-of- Program Student Learning Outcomes

<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Overall, you did an excellent job with your nursing interventions. My only suggestion here is that it would have been important to include an intervention related to monitoring your patient's heart rhythm, as well as monitoring specific cardiac related labs.
	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	1	For your evaluation, you need to list all of the highlighted reassessment findings for the top nursing priority. Therefore, it would be important to include a reassessment of the labs and diagnostic testing if it is available.
	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*  <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:</b> Satisfactory completion of your Nursing Care Map. Please review all my feedback above.  Excellent job! BL</p>						<b>Total Points: 39/42</b>	
						<b>Faculty/Teaching Assistant Initials: BL</b>	

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

**Student Name:** L. Sitterly

**Clinical Date:** 1/23-1/24/2024

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments: Great job describing your patient's current diagnosis and past medical history.</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments: Nice job explaining what is going on in the body at the cellular level for one experiencing acute hypoxic respiratory failure.</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <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>	<p><b>Total Points: 6</b>  <b>Comments: Nice work making correlations between your patient's signs and symptoms and her diagnosis of acute hypoxic respiratory failure.</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <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>	<p><b>Total Points: 12</b>  <b>Comments: Good job providing relevant lab values and rationales for acquiring them. Normal ranges also provided, as was an explanation of how these values correlate with the current diagnosis.</b></p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <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</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments: Nice work discussing the diagnostic tests performed on your patient, their results, and their correlation to her diagnosis.</b></p>

diagnostic test results correlate with current diagnosis (3)	
<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> <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>	<b>Total Points: 9</b> <b>Comments: Very good job making the connections between the medications your patient was receiving and their role(s) in treating her condition.</b>
<b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b> <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>	<b>Total Points: 4</b> <b>Comments: Good explanation of your patient's past medical history and how it correlates to her diagnosis.</b>
<b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<b>Total Points: 6</b> <b>Comments: Nice job providing a prioritized list of nursing interventions pertinent to your patient, and providing rationales as to why they are performed.</b>
<b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b> <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>	<b>Total Points: 6</b> <b>Comments: Good discussion of your patient's interdisciplinary team members and their role in her care.</b>
<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>	<b>Total Points: 65/65 Satisfactory</b> <b>Comments: Great work Lyndsey! BS</b>

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>
Evaluation	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	FB	FB	FB	AR	AR
<b>Remediation: Date/Evaluation/ Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

\*End-of- Program Student Learning Outcomes

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Briana Busby, Olivia Arthur, Keyara Schneider, Lyndsey Sitterly

GROUP #: 5

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): 2/27/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<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 48. 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 "tired".</p> <p>Noticed patient has a cough. Noticed patient's heartrate of 166 and that EKG is abnormal. Noticed patient's low blood pressure 90/53. Noticed patient's low SpO2 89% 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. Recognizes need for medication to increase patient's 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 patient's heart rate. Interprets diltiazem dose as 25mg IV bolus to be given over 10 mins, then diltiazem drip to be given 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 pulseless. 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> </ul>						<p>Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Obtains vital signs 99.4-49-16-106/64. SpO2 92%. Applied 2L oxygen per nasal cannula and raised head of bed. Completed a pain/cardiovascular assessment (including detailed questions about cardiovascular history and medications). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed vital signs. Provided</p>

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>Being Skillful: B</li> </ul>	E	A	D	<p>education to patient on reason for atropine and possible side effects of medication. Notified the healthcare provider of patient's continued decreased heart rate and EKG rhythm changes (2<sup>nd</sup> degree type 2 and 3<sup>rd</sup> degree heart block).</p> <p>Introduced self and role. Asked patient name/dob/allergies. Places patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm (atrial fibrillation), and complaints of "there is a horse in my chest that is going to gallop out". Administers diltiazem 25mg IV bolus and then continuous drip of diltiazem 10mg/hr. for increased heart rate and EKG rhythm- reassessed patient and vital signs. Notified healthcare provider of patient's sustained heart rate and rhythm with decreased blood pressure. Administers 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. Places patient on the monitor. Notified healthcare provider of patient with no pulse when code blue called. Begins CPR. Applied fast patches to patient. Administered Epinephrine 1mg IV push. Defibrillates patient, continues CPR.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E</li> <li>Commitment to Improvement: E</li> </ul>	A	A	D	<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>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><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 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><b>Responding:</b> 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><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> <p>Satisfactory completion of the simulation scenario. Great job!</p>
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## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Lyndsey Sitterly

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>

\*End-of- Program Student Learning Outcomes

<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:     <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> <li>• Commitment to Improvement: <b>E</b>     <b>A</b>     <b>D</b>     <b>B</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>

\*End-of- Program Student Learning Outcomes

	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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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	FB	CB/BS	BL	AR	FB/CB/BL/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

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**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

**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:

N/A

Student eSignature & Date: Lyndsey Sitterly

4/25/24

ar 12/13/2023

\*End-of- Program Student Learning Outcomes