EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Natasha Doughty

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)
2/23/2024	1	Patient management survey not completed	2/23/2024/1600

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	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	S	S	NA	NA	**S**	S	S	S	NA	S	NA	NA	NA	**S**
e. Administer medications observing the six rights of medication administration. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	NA	NA	NA	NA	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	S	NA	NA	NA	NA	NA	NA	NA	**S**	NA	NA	NA	S	NA	S	NA	NA	**S**
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S	NA	NA	NA	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**
Clinical Location	QC& DH	NA	Advo cate/ dc	Pt Mgmt	PT MG	PT MG				4C	4P	4C	IC	CD	IR SP			

Comments:

Week 2 (1f)- Great job with several successful IV attempts, including access of an Infusaport; appropriate technique was demonstrated. Great job! FB

Week 4 (1c)- Satisfactory Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". Great job! AR

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

Week 6 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 7 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

*End-of- Program Student Learning Outcomes

Week 9(1a,b,c,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient's response to those interventions. You did a great job administering medications this week (PO via an OG tube, IV, IVP, and SQ), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB
Week 10-1(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. All head to toe assessments were very thorough and well done. Your medication passes were safely done, and you had the opportunity to administer PO, IV, SQ and transdermal medications all while following the six rights. Great job monitoring your patients very closely to ensure positive patient outcomes. BL
Week 11(1a,b,c,d,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient's response to those interventions. You completed your ECG booklet, interpreting cardiac rhythm strips with measurements. You did a great job administering medications this week (PO, transdermal, and SQ), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB

Week 12 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student had multiple successful IV starts. Witnessed blood admin. And several wound change. Student did nephro dressing." Great job! AR
Week 13 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job! AR
Week 14 (1b,c)- Satisfactory during your Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Highly engaged with this clinical experience. HD cath, fistulogram, legs angio X2." Great job! AR
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	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S	NA	NA	NA	NA	NA	**S**
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	S	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

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

Comments:

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 6 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 7 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

*End-of- Program Student Learning Outcomes

Week 9(2a,c,e): Great job correlating relationships among disease process, your patient's history/symptoms/diagnosis, and formulating a pathophysiology. You did a great job recognizing changes in your patient from day one of clinical to day two. You respected your patient and family giving proper education and adapting to their needs. CB

Week 10-2(e) Great job this week in debriefing discussing social determinants of health that may have impacted your patient's health, well-being, and quality of life. BL

Week 11(2b,c,d): Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. You are Satisfactory on your care map, please see the grading rubric below for feedback. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation experience. Great job! AR

Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. AR

Week 5 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. (c) These competencies were not addressed this week therefore changed to NA. FB

Week 7 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients and the priority patient of assigned patients. Keep up the great work! FB

Week 9(3c): Great job this week demonstrating ways to obtain fiscal responsibility and discussing this in debriefing. CB

Week 10-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

Week 11(3b): Great job in debriefing participating in discussion of quality indicators and core measures related to your patient. CB

Week 12 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work as you complete your last two clinical's! 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	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**	**CB**	**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: During digestive health, there was a patient that stated she had an allergy to anesthesia and would prefer local anesthesia for her colonoscopy. When questioned further, it was revealed that she did not have a true allergy but preferred local anesthetic. Neither the doctor nor the nurse educated her regarding the importance of the type of anesthetic she would receive, and how local anesthetic was not suitable for her colonoscopy. Great example but definitely not appropriate care for this patient. AR

WEEK 3: N/A

WEEK 4: This week with patient advocacy, we discussed a patient grievance, and an unhappy family member. The patient was confused, and had dementia, the POA was the daughter. The daughter asked case management to call her when her mother would be discharged back to the assisted living facility, because she wanted to be there to help comfort her mother. Case management only gave the daughter a fifteen-minute warning about transport coming and her mothers discharge. The advocate got involved when the patients daughter refused discharge and filed a grievance with the hospital and Medicare. Today, the advocate received a phone call from the daughter, who was once again concerned about her mothers discharge because her systolic blood pressure was in the 150's. The advocate was involved ethically to ensure the patient and the family were receiving adequate care (transport concerns) and to set realistic expectations (the slightly elevated blood pressure, which was baseline.) Great example! AR

WEEK 5: This week, I had a patient that wanted to go home, as he felt he was better. The doctor wanted him to stay one more day, as he did not "feel better" for an entire day and had just switched from IV to PO drugs that day. The wife was frustrated because she was taking days off work to be with her husband in the hospital and was concerned about her absence. From an ethical standpoint, it is important to consider the patient and family perspective. However, as care providers we have a responsibility to promote the best outcomes for our patients. Requesting that the patient wait one more day was ethically appropriate to reduce the risk of worsening condition and readmittance. It is sometimes difficult when trying to advocate for your patient based on their wishes and doing what is best for the patient. Education is the best way to provide the necessary information that is going to provide a positive outcome. FB

Week 5 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

*End-of- Program Student Learning Outcomes

WEEK 6: This week I noticed a lack of teamwork on the unit I was assigned, and the ethical dilemma it can pose. The unit can become extremely demanding and with that some staff seem burnt out and unwilling to help. Not only is this problematic from the perspective of patient safety, but it also becomes an ethical issue when people are unwilling to help one another. Shoving your responsibility onto others because you are overworked, or refusing to help out because you assume another staff member will step up is unfair to everyone involved. Great example. Teamwork is very important for several reasons, the main one is quality patient care. Safety of the patients should be everyone's main priority, if all work together the unit runs smooth and there are positive patient outcomes. FB

WEEK 7: This week I had a patient that would undergo a surgery with vascular surgery to place a temporary dialysis catheter, and then immediately following would have their first dialysis treatment. Their wife was very upset because she wanted to accompany the patient to dialysis and sit with him during the treatment, however it is a closed unit due to infection control. Ethically, we have a responsibility to maintain strict infection control procedures to reduce the risk of infection for all patients, however I could understand the concern of the wife wanting to make sure her husband was okay, due to his condition. We educated her regarding the policy and the reasoning, but she was still understandably disappointed. Great example. We try to advocate for patients, but sometimes it is truly not in the best interest of the patient. We cannot always please patients or family members by doing the right thing. FB

WEEK 9: This week my patient was from out of town, and had family in another state that was wanting updates on their care. The husband, who was the only family member left the second day, would record nurses and physicians to send to family back home. This could become an ethical dilemma, as he did not ask permission or notify staff when he began recording or video chatting. When we were performing patient care we had to be conscious of potential recording for the privacy of the patient and the protection of us. Although his intentions were good, it can quickly become a difficult situation. Tasha, this is a great example. Although, he is the NOK, he should truly make it known when he is videoing the patient and the care that is being provided. Even when he video chats and the doctor is having a conversation, just making everyone aware of what is going on. CB

WEEK 10: My first patient this week was determined to be at baseline and ready for discharge back to their nursing home. The legal guardian was resistant to this, and requested that the discharge be delayed. It was shared that the family and guardian wanted to patient to stay in the hospital because they were unhappy with the care being provided at the nursing home. This can become an ethical dilemma, because the patient is potentially being discharged to unsuitable conditions, however it is also important to keep beds available in the hospital for patients that truly need care. It is also important to differentiate between truly unsuitable care, and general unhappiness due to preference. Great example, Tasha. BL

WEEK 11: This week my patient was pushing for discharge, and giving deadlines for when she will sign out AMA. The day of her anticipated discharge, her EKG showed changes, the physician was notified and put in orders for lab work. When the lab work came back normal, the patient was discharged. Ethically this can become problematic, because the patient was pushing for a discharge and threatening to leave, which may have influenced the results of her care. If she were more compliant with treatment, I wonder if she would have been discharged. Tasha, this is a good thought! I have to say that I think sometimes decisions that are made in the care a patient receives truly is because of how the patient is acting/demanding, although it might not be in the best interest for the patient. CB

WEEK 12: While at the infusion center, I learned they also did dressing changes on acute wounds. The nurse explained that they do not deal with chronic wounds, as those patients would be better served at the wound clinic, under the direction of Dr. Blank. However, there was a man with diabetic neuropathy, who had been receiving dressing changes for the past year due to a nonhealing foot ulcer. I asked the nurse when a wound was considered chronic instead of acute, and why the man was not being seen by the wound clinic for his nonhealing wound. She explained that a podiatrist was overseeing his care, and that the podiatrist would have to release the client to Dr. Blank in order to be seen at the wound clinic. She went on to explain that doctors are resistant to releasing care when a wound becomes chronic due to insurance reimbursement and a loss of income. Ethically this is extremely problematic as this patient could be receiving better care at a chronic wound clinic, with doctors and nurses that specialize in wounds, and a greater availability of resources that could aid in the healing process. Very interesting and unethical! I can see this also being an issue legally. This is a perfect example! AR

WEEK 13: This week I observed a patient undergoing a tilt test. They had a history of syncope, and Dr. Traboulssi ordered the test to determine if their syncopal episodes were cardiac or possibly neurological in nature. The test was extremely benign to start, with the nurse explaining to the patient that the test would be negative, and he would end it after two minutes. As soon as he explained this, the patient went unresponsive and began seizure-like activity. The nurse immediately ended the tilt test, and elevated the patients legs. She continued to have seizure like activity, with no response to ammonia salts and only withdrew from painful stimuli. At the direction of the nurse, I found Dr. Traboulssi and asked him to assess the patient. He received a quick report from the nurse, looked over the vitals I had recorded during the tilt test, and used alcohol pads under the patients nose to bring her out of the episode. Later, the nurse and the physician explained that the patients behavior was not indicative of a positive tilt test, but rather showed potential psychological causes. They determined her episode was a "pseudo-seizure" which can have ethical

implications. Some people believe all patients have control over their pseudo episodes, dismissing the patients that truly believe they are having medical problems. Regardless of the root cause of the activity, treatment (either medical or psychological) should be initiated to reduce the occurrence of future episodes. Quite an experience and it sounds like you were very helpful! I couldn't agree more that either medical or psychological treatment if needed for this patient, or anyone displaying similar circumstances. Thank you for sharing. AR

WEEK 14: This week I observed an angiogram for a patient that had severe stenosis resulting in chronic foot and leg wounds. The patient was uncooperative and would not remain still for the physician while they were performing the test. The images we received were awful due to the movement. The physician and nurses tried explaining to the patient that he had to remain still and not try to get off the bed. He continued to be uncooperative until the physician told him "I'll just cut your leg off if you can't sit still for me." Obviously this was not the ethical response to this situation, however the patient did make an effort to still once the physician made the comment. This is an excellent example of unethical behavior by the healthcare provider, and as you pointed out not the response that should have been made. Hopefully this isn't a trend with this particular healthcare provider. Thank you for sharing. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas. Student goals: "Get better at excusing myself out of patient rooms. Time management; especially getting stuck in rooms, late meds." Additional Preceptor comments: "Natasha did a great job today. Knowledgeable and prepared. She did just fine with an extremely needy patient." LC/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: "Time management, try to research patient earlier in day." No additional Preceptor comments. EW/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas. Student goals: "time management, when to say no." No additional preceptor comments. EM/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas, satisfactory in demonstrates prior knowledge of departmental/nursing responsibilities and delegation. Student goals: "Get past the 1700 slump everything goes sideways then. Not be so hard on myself." Additional Preceptor comments: Tasha has a can do spirit and faces adversity smoothly. Some things can't be helped so don't hold the ebs and flows of the ever-changing

*End-of- Program Student Learning Outcomes

assignments against yourself. I would recommend her for an intense nursing setting such as ER because she is a quick thinker and open to learning. HH/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: “I felt really great today would have liked more time to research my patients.” Additional Preceptor comments: “Tasha is wonderful at the bedside. She is very caring and kind to her patients and their families. She is also confident while performing skills and eager to learn new tasks. She kept her patients informed of changes to care and helped them feel comfortable.” SS/FB

Week 9(5c,e): Tasha, great job in debriefing discussing factors that create a culture of safety that you provided for your patient during the clinical day and EBP tools that you utilized to support safety and quality. CB

Week 10-5(b) Tasha, you do an excellent job working independently and taking initiative in completing nursing interventions for your patients. You are organized and consistently well prepared. You took excellent care of your patients this week. BL

Week 11(5b,c) Tasha, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observational experience. Keep up the great work. AR

Week 4 (6c,f)- Satisfactory discussion related to your Patient Advocate/Discharge Planner clinical experience, and with postings for both clinical experiences this week. Keep up the great work! AR

Week 5 (6f)- Satisfactory discussion related to delegation. CDG rubric was followed appropriately. FB

Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. No comments provided. EW/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Week 9(6e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

*End-of- Program Student Learning Outcomes

Week 10-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(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 11(6e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 12 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the good work as you complete the semester1 AR
Week 13 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical! Great job this semester! AR
Week 14 (6f)- Excellent discussion via CDG posting related to your Special Procedures clinical experience. You have done a great job all semester! 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	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	NA	S	S	S	S	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

Comments:

Week 2 (7a)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR

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

Week 10-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Implementing a Pressure Injury Prevention Bundle to Decrease Hospital-Acquired Pressure Injuries in an Adult Critical Care Unit." Excellent job! 7(d) You consistently demonstrate all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

Week 11(7d) Tasha, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

Final- Excellent during 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

Care Map Evaluation Tool**

AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
3/26-27/2024	Decreased Cardiac Output	S/CB	NA

** 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: Natasha Doughty	**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: 3/26-27/2024	

	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	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	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	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 should be "Decreased Cardiac Output." You did a great job highlighting all of the relevant data that supports the top priority nursing problem. Potential complications were listed with appropriate s/sx to monitor for each.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing appropriate nursing interventions related to your patient. Your interventions were prioritized, included a frequency and rationale.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
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 re-evaluating all of the assessment findings related to your priority problem. I also agree with continuing the plan of care for your patient.
	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: Tasha, you are Satisfactory on your care map! Please review each section for my feedback.**	**Total Points:** 42/42 **Faculty/Teaching Assistant Initials:** CB

Skills Lab Evaluation Tool
AMSN
2024

*End-of- Program Student Learning Outcomes

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

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

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

Student Name: **Natasha Doughty** **Clinical Date:** **3/12-13/2024**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (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)	**Total Points:6** **Comments:** Excellent job! Pathophysiology is detailed and accurate for your patient's current diagnosis.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:6** **Comments:** 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) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points:12** **Comments:** Excellent job, Tasha! 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) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	**Total Points:12** **Comments:** Excellent job! 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.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)	**Total Points:9** **Comments:** Great job including all medications. All information is detailed and accurate.

*End-of- Program Student Learning Outcomes

• Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (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)	**Total Points:6** **Comments:** All pertinent nursing interventions are prioritized, all realistic for your patient, 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) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points:6** **Comments:** Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points: 65/65** **Comments:** Excellent job, Tasha! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Natasha Doughty, Kenneth Seibold, Paige Stacy, Madison Taylor
GROUP #: 1
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/26/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					Notices patient's heart rate is decreased. Notices patient's SpO2 is decreased. Initially does not recognize rhythm change after administration of Atropine, but notices another decrease in heart rate. Notices patient's heart rhythm change after prompted by the physician. Notices patient has a cough. Notices patient's heart rhythm is irregular and increased. Notices patient is feeling dizzy after administration of medication. Notices patient's heart rhythm does not change after diltiazem is administered. Notices blood pressure is decreased. Notices patient has a history of CHF. Notices patient's cough has worsened after fluid bolus. Notices patient's lung sounds have changed. Notices patient is unresponsive. Notices patient is pulseless.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (1,2)*					Interprets patient's initial heart rhythm as sinus bradycardia. Recognizes the need for medication to increase patient's heart rate. Initially interprets the patient's heart rhythm change as sinus bradycardia, then interprets it as a second-degree type II heart block. Interprets patient's second heart rhythm change as a third-degree heart block. Interprets patient's initial heart rhythm as atrial fibrillation. Recognizes the patient cannot be cardioverted right away due to unknown length of time on anticoagulant. Recognizes the need for medication to decrease the heart rate. Recognizes the need to increase the blood pressure. Initially interprets the patient's lung sounds as diminished rather than crackles. Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.
• Prioritizing Data:	**E**	A	D	B	
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1,2,3,5,6,7)*					Introduces self and identifies patient. Places patient on the monitor and obtains vital signs. Calls the physician and attempts to provide SBAR. Does not place patient on oxygen. Administers 1 mg of Atropine IVP. Does not repeat all vital signs. Calls the physician due to decreasing heart rate. Attempts to provide SBAR, but does not have all the assessment data. Recommends transcutaneous pacing, amiodarone and epinephrine. Introduces self and identifies patient. Obtains vital signs, places patient on the monitor and performs an assessment. Asks patient about medical history. Calls the physician and attempts to provide SBAR. Recommends diltiazem
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	**E**	A	D	B	
• Being Skillful:		E	**A**	D	
B					

*End-of- Program Student Learning Outcomes

	for treatment. Applies oxygen on the patient. Administers diltiazem per orders. Reassesses the monitor and blood pressure after diltiazem is administered. Calls the physician and provides SBAR. Recommends cardioversion and a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient. Asks the patient to perform a deep cough to help bring heart rate down. Initially does not stop fluids. Calls physician and provides update. Calls code. Places patient on the monitor. Calls physician. Performs CPR. Administers epinephrine 1 mg IVP. Continues CPR. Places fast patches on patient. Begins bagging the patient. Performs defibrillation. Recommends amiodarone as potential treatment.
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** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. 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

*End-of- Program Student Learning Outcomes

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)***	experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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!

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Natasha Doughty
GROUP #: 3
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/19/2024

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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

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EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

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Thank you for a great semester, I learned and saw a lot that I will be able to take with me in my future career.

Student eSignature & Date: Natasha Doughty 4/25/24

ar 12/13/2023

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