EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kenneth Seibold

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/23/2024

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

Faculty eSignature: Amy M. Rockwell, MSN, RN

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

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
4/5/2024	1H	Didn't complete Infusion Center survey	4/6/2024 1H

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	NA	NA	S
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	NA	NA	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	NA	NA	S
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	NA	NA	S
d. Interpret cardiac rhythm; determine rate and measurements. (**Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	S	NA	NA	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)**	NA	~~NA~~ S	NA	NA	NA	NA	NA	NA	S	S	S	~~S~~ NA	S	S	NA	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	S	NA	NA	NA	NA	S
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS	BS	BL	AR	AR	AR	AR	AR	AR
Clinical Location	QC PD	DH	NO CLIN ICAL	4N PT MNG MT	3T PT MNG MT	3T PT MNG MT	SIM			4C	4C	4P	CAR DIAC / INFU SION	SP	NO CLI NIC AL			

Comments:

Week 2 (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Preceptor comments: "Excellent in all areas. Took notes, asked questions, reflected back on situations and asked questions". Great job! AR

Week 3 (1f)- (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- Medications were all administered using various routes (IV, IVP, PO [OG], SQ) and while observing the rights of medication administration. BS

Week 10- 1a,b- Great job this week managing care and responding to complex patient care situations. 1e- Medications were all administered while observing the six rights. Routes this week included OG, IV, SQ, and IVP. BS

Week 11-1(a-e,g) Great job this week managing complex patient care situations. All six rights of medication administration were followed during all medication passes. You had the opportunity to administer PO, IV, IVP and SQ medications. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL

Week 12 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. He was in cath lab most of the experience. Not much to see in Diagnostics." (1c,f)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in 'actively engaged in the clinical experience'; Satisfactory in all other areas. Student successfully started multiple IV's, primed IV lines, subcut, prolia shot X2. Witnessed blood admin and multiple wound dressing." Great job! Keep up the great work as you complete your final clinical! AR

Week 13 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in 'demonstrates safe completion of nursing skills'; excellent in all other areas. IV starts, observed lung bx, thoracentesis, MRI with pacemaker, HD cath insertion, IR thrombectomy with EROS." 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)**	NA	NA	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	NA	NA	S
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	NA	NA	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	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	S	S	NA	NA	NA	S
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting) ***	NA	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)**	NA	NA	NA	S	S	S	NA	NA	S	S	S	S	S	S	NA	NA	NA	S
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS	BS	BL	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 (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 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
Week 9- 2a- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate a prioritized care map related to your patient's condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

*End-of- Program Student Learning Outcomes

Week 10- 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. Please see rubric below for feedback. 2e- You did a nice job discussing social determinants of health that could have an impact on your patient's health, well-being, and quality of life. BS
Week 11-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

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)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	S	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	NA	NA	~~S~~ NA	NA	NA	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	S	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	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**	~~S~~ NA	NA	NA	~~S~~ NA	NA	NA	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

Comments:

Week 2 (3b,c)- Satisfactory discussion via CDG posting related to your Quality Department observation and Quality Scavenger Hunt. Excellent job with scavenger hunt documentation! Good work! 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. (3c) This competency was changed to a NA because fiscal responsibility was not discussed in correlation with this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. 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- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS

Week 10- 3a- You did a nice job discussing communication barriers during debriefing this week. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. BS

Week 11-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

Week 12 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	NA **S**	S	NA	S	S	S	NA	NA	**S**	S	S	S	S **U**	S	NA	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**	**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: I observed patient advocacy and we explained to the new patients some of the available resources to them, and we educated patients if they didn't understand any part of their care that they could reach out and we would be happen to help explain it better. Not providing adequate and thorough education could be both a legal and ethical issue. Nice example. AR

WEEK 3: I observed a patient admit to smoking marijuana before the procedure. Although it is in the process of being legalized in Ohio, the way she obtained it may not have been the lawful way. The nurse made the patient aware how that may affect her procedure. AR

WEEK 4: No Clinical

WEEK 5: An ethical issue I was able to observe was a patient while being discharged was trying to get their visit labeled as an admit instead of a one day operation for hip surgery. By getting it billed as an admit they wanted to get a claim back from their insurance company for extra money. I spoke with the charge nurse and he explained it. Great example, the facility has to be concerned with reimbursement which could be affected if the documentation does not support an admit. 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

WEEK 6: I witnessed an issue of ethical dilemma. One of my patients would only take pain medication and didn't want any other medication. I provided the best comfort care I could without making internal judgments against my patient. I talked to the nurse about it and made the charge nurse aware. Great example. It is very difficult at times to be non-judgmental. Always remember that pain is what the patient says it is. Education will sometimes help in these situations. It is important that they understand what each medication ordered is prescribed for. FB

*End-of- Program Student Learning Outcomes

8

WEEK 7: An ethical issue I noticed this week was one of my patients being treated poorly by her family. She was diagnosed with COPD due to being around smoke from her husband her whole life. She had asked he son to bring her some things from home, and he only brought her one thing. Then he started to argue with her before leaving. I talked with her for a little bit and proved therapeutic care until I knew she was okay. It was difficult to see family treat one of my patients rudely and I couldn't do anything. Great example, this type of stress does not help the patient. Stress can affect many different body systems not just mental. It is a shame that she was treated this way by her son, it makes you wonder if she abused in her home as well. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 9: An ethical issue this week was trying to care for the patient and be fiscally responsible about hospital material being used. We had to start many different IV medications this week and some had to be administered in a timely fashion. We reused what we could for IV lines as per protocol to save money, but we also had to make sure it was safe to do so for the patient and not mix medications together in the IV accidently. Good point, Kenny. IV compatibility is a big issue for ICU patients, who often require multiple IV medications to run at the same time. It is very important to ensure IV compatibility, as mixing certain medications can change them chemically. This could make the medications ineffective or even be dangerous to the patient. BS

WEEK 10: An ethical issue observed this week was how a healthcare professional tried to communicate with a patients family. They needed to get a procedure done and didn't want to wait on the family to leave so they strongly asked the family to leave the room so they could do their work. The family dealt with the commands kindly but I found it aggressive. Great observation, Kenny. Some people get so focused on what they have to do that they lose focus on the fact that the patient has family there. It is always a good idea to try to put yourself in the family members' shoes, imagine the patient is one of your own loved ones and you were rudely told that you must leave the room. Do unto others… BS

WEEK 11: Ethical issue for my patient was his dementia and his ability to understand the directions and treatment. I tried the best I could to educate him on what was happening and repeatedly reoriented him to where he was. It was difficult to tell if he was always fully understanding his situation. Great job, Kenny. BL

WEEK 12: This weeks ethical issue was observing patients battle with insurance companies. The prices of medicals are very very high and patients had to negotiate with insurance companies before they were allowed to get the life saving medication needed. Prior authorization was difficult for some because some times the insurance company wanted a different treatment tried first. This is a great yet sad example of what our patients (and all of us) go through! Hopefully something will change in the future. (4c)- You have received an unsatisfactory evaluation for this competency based on not completing the Infusion Center survey by the due date and time. Be sure to address this unsatisfactory on next week's tool by following the directions on pgs. 1-2 of this tool. AR

WEEK 13: (I will look over any and all necessary submissions each week to make sure I have completed all items and surveys. Taking this time to thoroughly look over each tab will allow me to correct any errors.) Thank you. AR

This weeks ethical issue I observed was a mother with a newborn of just 3 months come in to have her ileac arteries cleaned out from massive amounts of thrombi. She was educated that she would be on a blood thinner medication probably for the rest of her life and she could no longer breast feed in fear of the medications transferring to baby. This is an economical impact to this mother because of the finical burden and she already has 5 other children to take care of as well. This is a great example. Thank goodness the clots were found and removed but very sad that she cannot breastfeed her baby, along with the burden of cost. Thank you for sharing. AR

Objective

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

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

Comments:

Week 2 (5c)- Satisfactory discussion post related to your Quality Department observation. Keep up the good work. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas. Student goals: "To round on patient then take lunch in a more timely manner." Additional Preceptor comments: "Kenny did a wonderful job interacting with his patients and going over discharge instructions." SJ/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: "Be able to take more patients." Additional Preceptor comments: "Did an amazing job. Did an amazing job at advocating for his patient. His personality lighted up the room to his two patients." LC/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas, except satisfactory for demonstrates prior knowledge of departmental nursing responsibilities and delegation. Student goals: "I would like and try to learn more about making independent clinical judgements." Additional preceptor comments: "Great job today!" CK/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas. Student goals: "Need to introduce myself several times after entering a patient's room." Additional Preceptor comments: "Amazing job! 4 patients and handled it well. Even though 2 older women gave him a hard time for being a male." LC/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: "This experience helped me grow as a nurse with confidence. I need to continue to work on my Meditech knowledge and med pass time management." Additional Preceptor comments: "Great job, Kenny will make an amazing nurse." LC/FB

*End-of- Program Student Learning Outcomes

Week 9- 5a- Good performance in the clinical setting this week. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS
Week 10- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness an intubation and provide trach care to your patient. BS
Week 11-5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:
Week 2 (6c)- Satisfactory discussion related to the Patient Advocate/Discharge Planner clinical. (6f)- Satisfactory with CDG posting related to the Quality Department, Quality Scavenger Hunt, and Patient Advocate/Discharge Planner. Keep up the good work! AR
Week 5 (6f)- This competency was changed to a NI because you did not follow the CDG rubric with a word count of 250. Your word count was 99. Make sure to follow CDG rubric for all discussion posts. FB
Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. Additional comments provided: "Great job!" LC/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- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. 6f- Satisfactory care map. BS

*End-of- Program Student Learning Outcomes

Week 10- 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 11-6(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 12 (6c)- Satisfactory CDG posting related to your Infusion Center clinical experience. (6f)- Satisfactory with both CDG postings this week! One more to go for this semester and nursing school! AR

Week 13 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. 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	S	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	NA	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	S	NA	S	S	S	NA	NA	**S**	S	S	S	S	S	NA	NA	NA	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**	**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 9- 7d- ACE attitude displayed at all times on the clinical floor. BS
Week 10- 7d- ACE attitude displayed at all times on the clinical floor. Keep up the good work, Kenny. BS
Week 11-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Implementation and Evaluation of an Acute Care Multicomponent Intervention for Dementia-Related Behavioral Expressions." Excellent job! BL

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
3/12-3/13/2024	Impaired gas exchange	Satisfactory/BS	NA/BS

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: K. Seibold					
Date or Clinical Week: Week 9	Course Objective:	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.			

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors. I would suggest to include the whole set of ABGs so that an evaluation would be possible (then compare the most recent set in your evaluation), and that T2DM would be one of his risk factors.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included. Additional priorities for this patient include; altered renal function, infectious process.
	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	
Respo	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Good job with interventions and rationales. One suggestion would be to add an intervention
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

		> 75% complete	50-75% complete	< 50% complete	0% complete		
nding	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	for FSBS.
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	0	Seems to be a bit if confusion here. Your evaluation resembles interventions rather than a re-evaluation of your patients' assessment findings. Ex.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	Complete			Not complete	3	Patient's BP remains elevated at 182/62 Current mechanical ventilator settings _____ Bilateral lung sounds clear and diminished throughout all fields Etc.

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:** Satisfactory care map. BS	**Total Points:** 38/42 Satisfactory **Faculty/Teaching Assistant Initials:** BS

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

Student Name: K. Seibold   **Clinical Date:** 3/19-3/20/2024

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 describing 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 discussing the pathophysiology of your patient's disease process.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) 1 • 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) 1	**Total Points:** 4 **Comments:** Good discussion of expected signs and symptoms with respiratory failure. Patient-specific signs and symptoms not detailed as well.
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) 0	**Total Points:** 9 **Comments:** Nice job here, Kenny. Just missing the part about how the values correlate to his 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:** Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3)	**Total Points:** 9 **Comments:** Very good job making the connections between the medications your patient was receiving

*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)	**and their role(s) in treating his condition. (Chlorhexidine is used specifically to prevent ventilator associated pneumonia. It will moisten the patient's mouth, but that is not why it is used.)**
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: Good job correlating your patient's past medical history with his current diagnosis. You are correct, uncontrolled DM will eventually affect most body systems.**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6) 5	**Total Points: 5** **Comments: Good job here. I would suggest additional interventions including; administering his various medications, trach care, education.)**
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) 0	**Total Points: 4** **Comments: Good discussion of the interdisciplinary team members and their roles in your patient's care. Additional members not identified.**
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: 58/65 Satisfactory. BS** **Comments: Nice work on your pathophysiology CDG, Kenny.**

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

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

* Course Objectives

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

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

<table>
<tr>
<td colspan="5">CLINICAL JUDGMENT COMPONENTS</td>
<td><u>OBSERVATION NOTES</u></td>
</tr>
<tr>
<td colspan="5">NOTICING: (1,2)*</td>
<td rowspan="3">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.</td>
</tr>
<tr>
<td>• Focused Observation:</td>
<td>E</td>
<td><b style="color:red">A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>• Recognizing Deviations from
  Expected Patterns:
• Information Seeking:</td>
<td>E

E</td>
<td><b style="color:red">A

<b style="color:red">A</td>
<td>D

D</td>
<td>B

B</td>
</tr>
<tr>
<td colspan="5">INTERPRETING: (1,2)*</td>
<td rowspan="3">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.</td>
</tr>
<tr>
<td>• Prioritizing Data:</td>
<td><b style="color:red">E</td>
<td>A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>• Making Sense of Data:</td>
<td>E</td>
<td><b style="color:red">A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td colspan="5">RESPONDING: (1,2,3,5,6,7)*</td>
<td rowspan="5">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</td>
</tr>
<tr>
<td>• Calm, Confident Manner:</td>
<td>E</td>
<td><b style="color:red">A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>• Clear Communication:</td>
<td>E</td>
<td><b style="color:red">A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>• Well-Planned Intervention/
  Flexibility:</td>
<td><b style="color:red">E</td>
<td>A</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>• Being Skillful:</td>
<td></td>
<td>E</td>
<td><b style="color:red">A</td>
<td>D</td>
</tr>
</table>

*End-of- Program Student Learning Outcomes

23

B	monitor and performs an assessment. Asks patient about medical history. Calls the physician and attempts to provide SBAR. Recommends diltiazem 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

*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)***
	plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.
	
	Responding: 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): Kenneth Seibold
GROUP #: 4
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)
• Focused Observation:	E	A	D	B	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.
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient.
• Information Seeking:	E	A	D	B	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.
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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	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

*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.

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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:

*End-of- Program Student Learning Outcomes
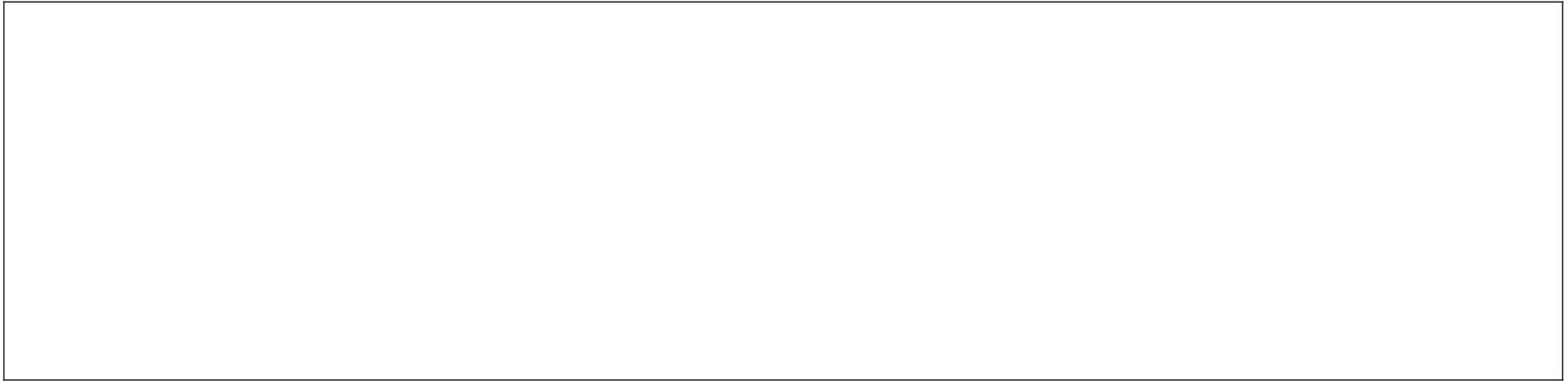
Student eSignature & Date:

<div style="border:1px solid black">
Kenny
Seibold
4/25/24
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ar 12/13/2023

*End-of- Program Student Learning Outcomes