

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2022**

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

Student:
Semester:

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

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

Faculty eSignature:

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 Plan Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
2/25/2022	1	Did not complete infusion center survey	3/1/2022
Initials	Faculty Name		
CB	Chandra Barnes, BSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN		

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:	S	S	S	S	NA	S	NA	NA	S									
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	NA	S	NA	NA	S									
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	NA	S	NA	NA	S									
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	NA	S	NA	NA	S									
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S									
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S									
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	S	NA	S	NA	NA	S									
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	NA	S	NA	NA	S									
Faculty Initials	CB	CB	BL															
Clinical Location	4C	4C	4P	SP			CD/SH/IC											

Comments:

Week 2 (1c,d,e): Miller, you did a great job this week evaluating your patients and their response to the interventions you performed. You also did a great job finding cardiac rhythm strips, asking appropriate questions, and measuring correctly. You were satisfactory with administering IV, PO through an OG, and subcutaneous medications for your patient, performing the six rights of medication administration first. Great job this week! CB

Week 3 (1e): Miller, you did a great job this week with medication administration, and juggling all the IV medication that your patient had ordered. CB

*End-of- Program Student Learning Outcomes

Week 4-1(a-e,g) Miller, you did an excellent job this week managing complex patient care situations. You were well prepared for clinical and you performed very thorough and accurate assessments. Your patient had a CBI that was wide open, and you did an excellent job managing all of the care for it. Your time management was very good, and you were able to complete all your nursing interventions independently with minimal assistance from faculty. You did a great job with your EKG book in which you were able to determine rates and measurements, as well as interpret cardiac rhythms. You had the opportunity to witness blood administration, as well as administer PO, IVP, and IV medications following the six rights of medication administration. Great job! BL

Week 5-1(a-c,f,g) Excellent job discussing the nursing interventions associated with all of the procedures you witnessed in your Special Procedures clinical experience. You did an excellent job explaining the interventions, as well as evaluating the patient's response to the nursing interventions. Comments from preceptor in Special Procedures: Satisfactory in all areas. "Miller did a nice job with clinical today. Successful IV start, watched a thoracentesis, gall bladder drain placement, angiogram angioplasty." BL

Week 7-1(a-c,f,g) Excellent job with your CDG in which you identified the appropriate nursing interventions associated with each cardiac diagnostic test based on the patient needs and circumstances. Comments from preceptor in Cardiac Diagnostics: Excellent in all areas. "Spoke to pacer nurse, observed a cardiac cath procedure, observed a TEE with bubble study, walking stress was cancelled." You also did an excellent job during your Infusion Center clinical experience this week, and you did a great job with your CDG in which you discussed the nursing interventions you performed during this experience. Comments from preceptor in the Infusion Center: Excellent in all areas. "Engaging, helpful, IV starts, blood, PICC line." BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (2a,b): You did a great job this week with your cdg, correlating past medical history and your patients present condition. You did great with clinical judgement, monitoring your patient’s balloon pump and CRRT machine, for potential risks. CB

Week 3 (2e): Miller, you did a really good job this week with respecting your patient’s family and what their wishes were, allowing them to have time and space with their loved one. CB

Week 4-2(b,c,d) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. Your Nursing Care Plan was very well done. Please see the Nursing Care Plan Rubric at the end of this document for my feedback. 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:	S	S	S	NA	NA	NA	NA	NA	S									
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA																	
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	S	NA	S	NA	NA	S									
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S									
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA																	
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (3c): We discussed achieving fiscal responsibility when discussing the appropriate way to charge items to your patient from the par room. CB

Week 3 (3a): This week you were able to see communication barriers between team members, while not knowing really what your patient’s wishes were at first. CB

Week 4-3(c) You did a great job ensuring you used the PAR system appropriately when obtaining care items for your patient this week in clinical. This is just one important way to ensure fiscal responsibility in practice. BL

Week 7-3(c) Great job with your CDG discussing strategies to achieve fiscal responsibility in clinical practice. BL

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)*

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:	S	S	S	NA	NA	NA	NA	NA	S									
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S									
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	NA	S	NA	NA	S									
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	U	S	NA	S	NA	NA	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (4a,c): You were able to discuss legal and ethical issues about your patient in debriefing. We discussed restraints and how to appropriately use them while continuously monitoring your patient. You presented yourself in a professional way, and were respectful to your patient and peers while in the clinical setting. CB

Week 3 (4b,c): You did a great job engaging with your patients family, and were professional throughout your clinical experience in the ICU. CB

Week 4 (c): I will take constructive criticism better and not be argumentative when my instructor is trying to help me. I will treat all members of the healthcare team with respect including my instructor. I will accept help when my instructor tries to help me. If I am getting overwhelmed I will take a step back to prevent from being misinterpreted. Thank you for identifying how you plan to improve in this competency going forward. You will not need to provide an additional statement to address the "U," this response will be accepted for that. BL

Week 4-4(c) This week in clinical there were some behavior concerns related to professionalism and respect. As we discussed on Tuesday morning, you were initially not receptive to any feedback I had to offer, and you appeared very bothered by my presence when I would check on you. When I was reviewing your charting with you, you became defensive and argumentative when I would offer feedback. I also asked you a few questions about report and your patient's care, and you were very short with your response and seemed angry that I was asking. Part of being professional is having respect for other members of the healthcare team, including your instructor. As nurses, we all have one common goal, which is to provide safe patient care. If you have a negative attitude and you're not willing to accept feedback to help you grow, then we are putting the patient at risk. This is not only feedback from your instructor, but this includes feedback from future coworkers, supervisors, or directors. With that being said, your attitude did improve throughout the day on Tuesday and you were very professional and respectful on Wednesday. You were also receptive to all my feedback I offered on Wednesday as well. Miller, you are very knowledgeable, skillful, and you provide excellent care to your patients. Going forward, I would encourage you to be mindful of your response to given feedback, as well as your tone and nonverbal communication so it is not misinterpreted. Thank you for addressing the conversation we discussed above. You will not need to address this "U" any further for next week. I know you will work hard to be satisfactory in this competency for the rest of the semester. BL

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:	S	S	S	S	NA	S	NA	NA	S									
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	NA	S	NA	NA	S									
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	NA	S	NA	NA	S									
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	NA	NA	S	NA	NA	S									
d. Perform Standard/Standard Plus Precautions. (Responding)	S	S	S	S	NA	S	NA	NA	S									
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	NA	S	NA	NA	S									
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S U	S	NA	S	NA	NA	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (5c,e): We discussed areas of safety and EBP tools that supported safety and quality in debriefing. We talked about interventions that you completed (John Hopkins fall assessment, oral care, ect.) and why each of those were important. CB

Week 3 (5a): Miller, you did a great job discussing the care that you were able to provide to your patient this week, while reflecting on your performance. Excellent job! CB

Week 4-5(b) Miller, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. BL

Week 4-5(f) Unfortunately, this competency has been changed to a “U” for this week as it relates to utilizing faculty feedback to improve clinical performance. Please refer to my comments in competency 4(c). Remember to address this “U” on your clinical tool for Week 5. BL

I will respect my instructor more and not be argumentative when being addressed. I will not get irritated or be short and I will be more professional. I will be more mindful of my response to the provided feedback. 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:	S	S	S	S	NA	S	NA	NA	S									
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	S	NA	S	NA	NA	S									
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S	NA	S	NA	NA	S									
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	NA	S	NA	NA	S									
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S									
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S									
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S NI S	S	S	NA	S	NA	NA	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (6c,d,e,f): Miller, you did a great job collaborating with other members of the healthcare team. You reported information to the bedside nurse in a timely manner, and delivered appropriate information in a hand off report before leaving the unit. You performed appropriate interventions in a timely manner, and were able to appropriately document on those. You did an excellent job on your cdg this week, and you were able to find an EBP article related to your patient. Great job this week! CB

Week 3 (6f): Miller, while you were satisfactory for your pathophysiology, you did not answer all of the questions for the cdg. Please answer the remaining questions and place them under your original cdg. Please do this by Wednesday, and your NI will be changed to an S. CB

Week 4-6(e,f) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did an excellent job with your Nursing Care Plan CDG. BL

*End-of- Program Student Learning Outcomes

Week 5-6(f) Excellent job with your CDG post this week. Your responses were very thorough and demonstrated much knowledge related to your clinical experience. BL

Week 7-6(f) Miller, excellent job with all of your CDG posts this week. Keep up all your hard work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	NA	S	NA	NA	S									
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	NA	S	NA	NA	S									
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	NA	S	NA	NA	S									
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	NA	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	S	S U	S	NA	S	NA	NA	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (7b): You were able to find an appropriate evidenced-based practice article that was associated with the care your patient was receiving. CB

Week 4-7(d) Unfortunately, this competency has been changed to a "U" for this week as it relates to attitude. Please refer to my comments in competency 4(c). Remember to address this "U" on your clinical tool for Week 5. BL

I will have a better attitude towards my instructors and take criticism as constructive not destructive. I will be more receptive to their feedback and thank them for the direction that are giving me. I will be mindful of my nonverbal communication as well as my verbal communication. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2022

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders (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/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/11/2022	Date: 1/11/2022	Date: 1/11/2022	Date: 1/11/2022	Date: 1/13/2022	Date: 1/13/2022	Date: 1/14/2022	Date: 1/14/2022	Date: 1/14/2022	Date: 1/14/2022
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	CB	BL	AR	FB	AR	CB/FB	BL	BL/BS	AR
Remediation: Date/Evaluation/Initials										

***Course Objectives**

Comments:

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

Meditech: 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: Satisfactory completion of physician's order lab utilizing SBAR communication and taking orders over the phone. Good job! CB

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 the patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

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

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

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL

ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial. BL/BS

Ports/Blood Draw: You were satisfactory in accessing an Infusaport device, demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. Nice work! CB

Central Line Dressing/IV push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG

Nursing Care Plan Grading Tool
AMSN
2022

Student Name: Miller Hosack

Clinical Date: 2/1-2/2/2022

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing
2022

Student Name: **Miller Hosack**

Clinical Date: **1/25/2022-1/26/2022**

<p>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (1) • Past Medical History (1) 	<p>Total Points:2 Comments: You did a great job discussing your patient's diagnosis and past medical history. CB</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1) 	<p>Total Points:1 Comments: You thoroughly discussed your patient's diagnosis and what is happening due to this at the cellular level. Great job! CB</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (1) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1) 	<p>Total Points:3 Comments: Miller, excellent job discussing your patient's signs and symptoms that pertain to their diagnosis, along with what would be typically seen, and how these correlate. CB</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (1) • Rationale provided for each lab test performed (1) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1) 	<p>Total Points:4 Comments: You explained all of your patient's lab values, along with what is related to their diagnosis and what is to be expected. You gave the appropriate rationale for all of the criteria. CB</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (1) • Rationale provided for each diagnostic test performed (1) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1) 	<p>Total Points:4 Comments: Great job explaining diagnostic testing that was done, and how this is associated with your patient's diagnosis, and you provided a rationale for all. CB</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p> <ul style="list-style-type: none"> • All related medications included (1) • Rationale provided for the use of each medication (1) 	<p>Total Points:3 Comments: You gave a detailed list of all medications your patient was receiving due to their diagnosis, with a description of why these meds are</p>

<ul style="list-style-type: none"> Explanation of how each of the patient's relevant medications correlate with current diagnosis (1) 	being given. CB
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</p> <ul style="list-style-type: none"> All pertinent past medical history included (1) Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 	<p>Total Points:2 Comments: You described your patient's history, and why it intertwines with what your patient has going on now. CB</p>
<p>8. Describe nursing interventions related to current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> All nursing interventions provided for patient explained and rationales provided (1) 	<p>Total Points:1 Comments: You gave a very detailed list of all interventions provided for your patient, and why these are interventions were so important. CB</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>Miller, great job! You are satisfactory on your pathophysiology, giving very detailed information. CB</p>

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2022
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: 2/18/2022	Date: 3/2-3/2022	Date: 3/4/2022	Date: 3/18/2022	Date: 3/25/2022	Date: 3/31/2022	Date: 4/28/2022	Date: 4/28/2022
	Evaluation	S	S	S				
Faculty Initials	BL	BL	BL					
Remediation: Date/Evaluation/ Initials	NA	NA	NA					

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **M. Hosack** OBSERVATION DATE/TIME: **3/2/22** SCENARIO #: **1**

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Enter room and begins assessment. Establishes orientation. Patient identified. VS. Rhythm change noted.</p> <p>Inquiring about patient symptoms, remember to identify patient. Patient CO dizziness, palpitations. Patient showing signs of fluid overload following bolus.</p> <p>Patient found unresponsive.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Spo2 noted to be low, O2 applied. Heart rhythm interpreted to be 2nd degree type 2. Rhythm change noted and interpreted as 3rd degree block.</p> <p>Rhythm noted to be a-fib. Patient symptoms determined to be signs of fluid overload.</p> <p>Patient unresponsive, pulseless.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: B E A D 						<p>Fast patches applied, patient CO dizziness and being tired. Call to physician, informs of heart block (good report). Suggests atropine and pacing. Order for atropine received and read back. Atropine prepared and administered (remember to identify patient). Called a MET. Complete heart block noticed. Alternate drugs for complete heart block discussed (epi, dopamine). Good communication among team members.</p> <p>Call to provider, patient identified, report given. Amiodarone recommended. Diltiazem recommended. Dose requested from physician. Bolus/drip dose provided. Order received and read back. Bolus and drip initiated. Patient CO increasing dizziness. Attempted Valsalva maneuvers. Fast patches applied. A-fib explained to patient. Call to provider (low BP). Diltiazem drip stopped. Alternate medications proposed. Fluid bolus recommended. Order received. Recognized that patient is experiencing fluid overload. (PMH shows an EF of 40%). Cardioversion suggested.</p> <p>Patient found unresponsive, Code Blue, CPR initiated, patches applied, , shock delivered, epi given q3 min, (remember to maintain airway). Amiodarone mentioned as an alternative to epi. (300/150/drip).</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm gets restored. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Good teamwork!</p> <p>Discussed recognition of a-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed importance on providing PHM to</p>

*End-of- Program Student Learning Outcomes

	<p>physician as an aid to guide treatment. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock.</p> <p>Discussed the importance of immediate CPR with pulseless Vtach. Nice job getting fast patches applied quickly. 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.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>You are Satisfactory for this simulation. Nice work!</p>

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2022**

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

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

Student eSignature & Date:

ar 12/15/2021