

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)
2/11/2022	2H	1H: PD Survey; 1H: QC Survey	2/14/2022 2H
2/18/2022	2H	Documentation not submitted: vSim Rachael Heidebrink	2/21/2022 2H
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	NA	NA	NA	NA	NA	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	S	NA	NA	NA	S	S								
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	NA S	S	NA	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S NA	NA	NA	NA	S	NA	NA	NA	S	S								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL								
Clinical Location	3T	4N	3T	PD/ QC	DH	NON E	NON E	NON E		SPEC IAL PRO CED URES								

Comments:

Week 2 (1d, f)- This competency was changed to a "NA" because you do not interpret cardiac rhythms until you are on the ICU/4P clinical rotation. You will perform venipuncture skills during your digestive health clinical rotation. **Make sure to read each competency thoroughly and self-rate based on competency completed that week. FB**

I will make sure to read each competency thoroughly while completing my tool each week. I will do this by slowing down and paying attention to detail in the future. BL Great idea, thank you for the action for improvement. **FB**

*End-of- Program Student Learning Outcomes

Week 3 (1a,b,c)- Great job managing a group of patients, assessing patients to determine needs and priority of care, and evaluating the patient's response to care delivered. FB

Week 3-1A : Successful removal of NG tube, and performed a blood draw off of a PICC line. Great job performing these skills, the RN assigned verbalized proper technique was performed with each skill. FB

Week 4-1A: Removal of NG tube, started 2 IV's, managed a Digna care system, & applied a pure wick. Great job with being assertive and gaining experience performing skills. FB

Week 4 (1b)- Great job assessing your patients and responding to needs appropriately. FB

Week 5 (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Great job! Per RN Preceptor: Excellent in all areas. AR

Week 6 (1f)- Great job performing IV starts during the digestive health clinical. Proper technique and aseptic procedures were followed. Keep up the great work! FB

Week 9-1(a-c,f,g) Excellent job during your Special Procedures clinical experience this week. You discussed the fistulagram procedure you witnessed, the nursing interventions associated with the fistulagram, and the patient's response to the interventions. Comments from preceptor in Special Procedures: Satisfactory in Demonstrates prior knowledge of departmental/nursing responsibilities and Appropriate use of communication skills. Excellent in Active engaged in the clinical experience and Demonstrates professionalism in nursing. "Several IV starts with lab draw; observed paracentesis and fistulagram; asked good questions." 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	NA								
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	S NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL								

Comments:

Week 2 (2d)- You will complete a nursing care plan during your ICU/4P clinical rotation, therefore this competency will be completed at that time. FB

Week 3 (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 4 (2c)- Great use of clinical judgement as you monitor for risks and possible complications. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 NA	NA	NA	S	S	NA	NA	NA	S	S								
a. Critique communication barriers among team members. (Interpreting)	S NA	NA	NA	S	NA	NA	NA	NA	S	NA								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S NA	NA	NA	S	NA	NA	NA	NA	S	NA								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S NA	NA	NA	S	NA	NA	NA	NA	S	NA								
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S	NA								
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	S	S	S	NA	NA	NA	NA	NA	S	NA								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL								

Comments:

Week 2 (3a,b,c)- These competencies will be completed during various clinical rotation (i.e. quality assurance/core measures, ICU/4P rotations). FB

Week 3 (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 4 (3d, e)- Great job with prioritization and using clinical judgement to determine plan of care. Make sure when delegating care, as the RN you are responsible for knowing the abilities to whom you are delegating. FB

Week 5 (3b)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Great job. Rapid Response RN Comments: Excellent in all areas. "Great participation." Stroke RN comments: Excellent in all areas. "Thank you for your participation – Good luck in L&D!" Core Measures RN comments: Excellent in all areas. 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)*

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

Comments:

Week 2 (4a)- This competency will be discussed during your ICU/4P clinical rotation. FB

Week 3 (4c)- You have presented yourself in a very professional manner during this clinical rotation. Great job! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (5c)- This competency will be completed during the ICU/4P clinical rotation. (5a) Reported on by assigned RN from 1/18/22- satisfactory in all areas, no additional comments. Student Goals: More confident in my med passes and Alaris pump. FB

Week 3 (5a) Reported on by assigned RN from 1-25-22 – Excellent in all areas. Additional preceptor comments: “Brittney removed an NG tube for the first time and did wonderful! She was very professional and confident in all of her nursing care. She will make a wonderful nurse!” SJ/FB. Reported by assigned RN from 1/26/2022 Excellent in all areas except Collection/Documentation of Data (Satisfactory). Student Goals: No comments. Additional Preceptor Comments: Brittney did a great job and displayed a great knowledge base. CM/FB

Week 4 (5a) Reported on by assigned RN from 2/1/2022 – Excellent in all areas. Student Goals: “Time management.” CR/FB Reported by assigned RN from 2/2/2022 – Excellent in all areas. Student Goals: “Time management.” Additional Preceptor Comments: “Brittney was very eager to learn and help with everything! She has great bedside manner and will be a wonderful RN!” JS/FB

Week 5 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Great job! AR

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	S	NA	NA	NA	S	S								
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)									S									
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	NA S	S	NA	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding)	S NA	S	S	NA	NA	NA	NA	NA	S	NA								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	NA	NA	NA	NA	S	S U								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL								

Comments:

Week 2 (6d)- This competency will be completed after the hand-off report competency rubric is completed by assigned RN and returned to faculty. (6f)- CDG was posted following all rubric criteria and on-time. FB

Week 3 (6d)- Satisfactory completion, 28/30 points. RN comments: Brittney did a great job! Brittney provided pertinent medical information during hand-off. CM/FB

(6f)- CDG posting is satisfactorily completed following CDG rubric criteria and on time. FB

Week 4 (6e)- Good job recognizing the importance of medication reconciliation and how collaboration assists with positive patient outcomes for the patient. FB

Week 5 (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience, and your Quality/Core Measures observational experience. Keep up the great work! AR

Week 9-6(f) Brittney, this competency has been changed to a “U” for this week because your CDG did not meet the minimum word requirement of 250 words, and your answers were too brief. Please be sure to answer all of the questions in a detailed manner to accurately demonstrate your knowledge. Please address this “U” on your Clinical Tool for next week. 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	S	NA	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL								

Comments:

Week 5 (7a)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Keep up the great work! AR

Midterm: You have done a great job during clinical for the first half of the semester. Keep up the great work as you complete the semester! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***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/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 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/BS/CB/BL

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

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 Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

*End-of- Program Student Learning Objectives

Nursing Care Plan Grading Tool
AMSN
2022

Student Name:

Clinical Date:

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2022
Simulation Evaluations

	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	U	S	S	S				
Faculty Initials	AR	AR	AR	BL				
Remediation: Date/Evaluation/ Initials	2/21/2022 S AR	NA	NA	NA				

* Course Objectives

2/18/2022- vSim Rachael Heidebrink: Initial documentation submission contained questions only. Actual documentation was later submitted and vSim completion was then satisfactory. AR

3/4/2022- vSim Junetta Cooper: Satisfactory completion of scenario and documentation. AR

3/4/2022- Satisfactory Week 8 dysrhythmia simulation. See rubric. Keep up the great work! AR
Will make sure to double check my uploaded file for future Vsims. BL

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: L. Briscoe, J. Schloemer, B. Lesch, E. Bricker, K. McCoy OBSERVATION DATE/TIME: 3/3/2022 1430-1630 SCENARIO #: 1

CLINICAL JUDGMENT	OBSERVATION NOTES				
COMPONENTS NOTICING: - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Notices patient's heart rate is decreased. Notices patient's heart rhythm is Sinus Bradycardia. Notices patient's rhythm changed to a 2nd degree Mobitz II heart block after two doses of Atropine are given. Notices patient's heart rate is elevated. Notices patient's heart rhythm is irregular and in A-fib. Notices patient has decreased BP after diltiazem is administered. Does not notice patient's low EF or history of heart failure before recommending fluid bolus. Notices that patient is in fluid overload after fluids are administered. Notices patient is unresponsive.				
INTERPRETING: - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Interprets patient's heart rhythm as Sinus Bradycardia. Prioritizes calling the physician for patient's low heart rate and symptoms. Prioritizes administering Atropine 1 mg IVP after receiving order from physician. Interprets patient's heart rhythm change as a 2nd degree Mobitz II heart block. Interprets patient's heart rhythm as A-fib. Prioritizes calling physician for elevated heart rate and rhythm. Prioritizes administering diltiazem promptly after order is received. Prioritizes stopping the fluids once patient shows signs and symptoms of fluid overload. Interprets patient's heart rhythm as v-tach without a pulse.				
RESPONDING: - 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	Introduces self. Assesses pain. Performs head to toe assessment. Obtains vital signs (SpO2-91%, HR-48, BP-103/61). Identifies patient. Administers 2L oxygen via NC, increases oxygen to 4L. Calls physician to notify of weakness, fatigue, and low heart rate (reminder to use SBAR). Recommends Atropine 1 mg IVP Q3-5 minutes. Administers Atropine 1 mg IVP. Reassesses patient's vital signs and heart rhythm. Administers second dose of Atropine 1 mg IVP. Calls physician. Recommends transcutaneous pacing as a treatment option. Introduces self and identifies patient. Assesses patient's symptoms, raises HOB. Begins head to toe assessment and obtains vital signs. Places patient on the heart monitor. Administers oxygen. Calls physician, attempts to utilize SBAR (remember to give history and a recommendation). Recommends diltiazem after prompted by physician. Correctly identifies dose and rate of diltiazem. Reads back orders from physician. Educates patient on performing Valsalva maneuver (reminder				

*End-of- Program Student Learning Outcomes

	this is not recommended for a patient in A-fib). Administers diltiazem bolus and gtt. Reassesses patient's vital signs and heart rhythm. Increases oxygen. Calls physician (reminder to use SBAR). Stops diltiazem after ordered to by physician. Recommends IV fluid bolus to increase BP. Administers IV fluid bolus. Reassesses patient's vital signs and respiratory assessment. Stops fluid bolus. Calls physician, recommends cardioversion for treatment. Assesses patient's pulse. Begins CPR. Begins bagging patient. Calls Code Blue. Administers Epinephrine 1 mg IVP. Places pads on patient. Defibrillates patient (reminder to always prioritize defibrillation for patients in pulseless v-tach or v-fib).
REFLECTING: • 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. Discussed importance of providing patient history to physician when calling. 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: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	You are satisfactory for this simulation, great job!

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2022

Student Name:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) • Current Diagnosis (1) • Past Medical History (1)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) • Pathophysiology-what is happening in the body at the cellular level (1)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) • 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)	Total Points: Comments:
4. Correlate the patient's current diagnosis with all related labs. (4 points total) • 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)	Total Points: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) • 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)	Total Points: Comments:

6. Correlate the patient's current diagnosis with all related medications. (3 points total) • All related medications included (1) • Rationale provided for the use of each medication (1) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)	Total Points: Comments:
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) • All pertinent past medical history included (1) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)	Total Points: Comments:
8. Describe nursing interventions related to current diagnosis. (1 point total) • All nursing interventions provided for patient explained and rationales provided (1)	Total Points: Comments:
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	

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