

**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)
1/13/2022	1H	Missed 1H of IV Pumps/Blood Admin. Lab	1/27/2022 1H
1/13/2022	1H	Missed Core Measures Clinical Orientation	1/31/2022 1H
2/8/2022	12.5 H	Missed Patient Management Clinical	4/14/2022 12.5 H
2/22/2022	5 H	Missed part of Patient Management Clinical	3/1/2022 5 H
3/4/2022	2 H	Incomplete Vsim/no pretest	3/4/2022
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
<b>Competencies:</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
c. Evaluate patient’s response to nursing interventions. <b>(Reflecting)</b>	N/A	N/A	<del>N/A</del> S	N/A	S	S	N/A	N/A	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	N/A	N/A	N/A	N/A	S NA	N/A	N/A	NA	NA	S	S							
e. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	N/A	S	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							
<b>Clinical Location</b>	QUALITY AND CORRE MEASURES 1-18-22	DIGESTIVE HEALTH AND HOURS OF CARE MEASURES 2-2-22	PATIENT ADVOCATE AND DISCHARGE PLANNING 2-2-22	ABSENT FROM CLINICALS	PATIENT MANAGEMENT 3T	PATIENT MANAGEMENT 4N				4 C on 3/15 and 3/16	4P ON 3-22-22 and 3-23-22							

\*End-of- Program Student Learning Outcomes

**Comments:**

Week 3 (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 4 (1c)- Satisfactory in Patient Advocate/Discharge Planner clinical and discussion via CDG posting. Preceptor Comments: Excellent in all areas. “Kelly did an awesome job; did a great job talking with patients; very attentive and a good listener”. Keep up the great work! AR

Week 6 (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. (1d)- this competency was changed to a “NA”, cardiac rhythm interpretation will completed once ECG booklet is completed during 4C/4P clinical rotation.FB

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

Week 9(1b,c,e): Kelly, you did a great job this week assessing your patient’s needs, providing the appropriate interventions for those needs, and evaluating your patients response to interventions provided. You appropriately passed medications observing the six rights of medication administration, and were able to explain the reason for each medication. CB

Week 10-1(a-e,g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Your medication passes were very well done, and you had the opportunity to administer PO, IVP, and SQ medications all while following the six rights. You monitored your patient very closely to ensure positive patient outcomes. Great job! 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
<b>Competencies:</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>CC (Noticing, Interpreting, Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S								
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (Noticing, Interpreting, Responding, Reflecting)</b>	N/A	N/A	N/A	N/A	S NA	N/A	N/A	N/A	NA	N/A	S							
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	N/A	N/A	S	N/A	S	S	N/A	N/A	S	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

**Comments:**

Week 6 (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! (2d) A nursing care plan will be completed during 4C/4P clinical rotation. **Make sure you are rating yourself on competencies completed the corresponding week.** FB

Week 7 (2c)- Great job recognizing any changes associated with your group of patients and responding appropriately. FB

Week 9 (2a,e): Great job with your pathophysiology this week, please see the grading rubric below. You participated in debriefing when talking about your patient’s cultural diverse issues, and how they were associated with his care. CB

Week 10-2(d,e) Great job in debriefing identifying social determinants of health that may have impacted your patient’s health, well-being, and quality of life. 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
<b>Competencies:</b>	N/A	N/A	S	N/A	S NA	N/A	N/A	N/A	S	S	S							
a. Critique communication barriers among team members. <b>(Interpreting)</b>																		
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	S	N/A S	S	N/A	S NA	N/A	N/A	N/A	S	S NA	N/A							
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	N/A	N/A	N/A	N/A	S NA	N/A	N/A	N/A	NA	S	S							
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S							
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

**Comments:**

Week 2 (3b)- Comments per Core Measures RN: Satisfactory in all areas. Comments per Stroke RN: Excellent in all areas. "Great job participating and insightful questions." Keep up the great work Kelly! AR

Week 3 (3b)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observational experience. Great job! AR

Week 6 (3 a,b,c) This competencies were not fulfilled this week, therefore they were changed to NA. They will be completed during different clinical experiences.

(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(3,ab,d): You were able to witness communication skills between healthcare team members, and how they affected your patient. You were also able to see how healthcare team members delegated tasks, and the responsibility that was given to the bedside nurse because of these tasks. The competency of participating in QI, was fulfilled in a prior clinical. CB

Week 10-3(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

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

**Comments:**

Week 6 (4a) this competency will be addressed during the 4C/4P clinical rotation. (4c)- You have presented yourself in a very professional manner during this clinical rotation. Great job! FB

Week 9(4a): You discussed in debriefing legal and ethical issues that were related to your patient and observations that were made during your clinical day. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

**Comments:**

Week 3 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observational experience. Great job! AR

Week 6 (5a) Reported on by assigned RN during clinical experience from 2/15/2022- Excellent in all areas except Knowledge Base and Technical Skills (Excellent)

Student Goals: “To look further into the patients’ disease process and to assist even more with staff. Additional Preceptor Comments: “Kelly is very helpful; always asking if anyone needs help; handles more than one patient quite well.” JF/FB Reported on by assigned RN during clinical experience from 2/16/2022 - Excellent in all areas except Delegation (Satisfactory). Student Goals: “Better time management; ability to dig further into the charts.” Additional Preceptor Comments: “Kelly handled 4 patients, numerous discharges and admissions all very well. Time management is amazing.” JF/FB

Week 7 (5a)- Reported on by assigned RN during clinical experience from 2/23/2022 - Excellent in all areas. Student Goals: “Better time management, understanding the disease process better.” No additional preceptor comments were made. JW/FB (5b) Great job seeking out new skills and taking the initiative to learn as much as possible during the last 3 weeks of the patient management clinical rotation. FB

Week 9(5c,e): You discussed factors that were related to a culture of safety for your patient, and interventions that you performed that were evidence-based during debriefing. Great job! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

**Objective**

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

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

**Comments:**

Week 2 (6f)- You will complete the CDG for the Quality/Core Measures observation experience after you have spent time in all 3 areas. AR  
 Week 3 (6f)- Satisfactory discussion via CDG posting for your Quality Assurance/Core Measures observational experience. Keep up the great work! AR  
 Week 4 (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Great job! AR  
 Week 6 (6d)- Satisfactory completion of hand off report per competency rubric, 28/30 points. JF/FB (6f)- CDG posting is satisfactorily completed following CDG rubric criteria and on time. FB  
 Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB  
 Week 9(6d,f): The competency for teaching your patient and family was changed to a NA, due to this competency not being performed this week. You did a great job delivering a hand off report to the bedside nurse at the end of the clinical day, and you appropriately posted your cdg. CB

\*End-of- Program Student Learning Outcomes

Week 10-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. BL  
Week 10-6(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 a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. You did an excellent job with your CDG this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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**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)\*

\*End-of- Program Student Learning Outcomes

**Comments:**

Week 3 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observational experience. Keep it up! 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): Kelly, great job displaying the core values of “ACE”. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Skills Lab Evaluation Tool  
AMSN  
2022

Skills Lab Competency Evaluation	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)*
Performance Codes:  S: Satisfactory  U: Unsatisfactory	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	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:**

**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

Nursing Care Plan Grading Tool  
AMSN  
2022

**Student Name:** Kelly Wilson

**Clinical Date:** 3/22/2022-3/23/2022

Pathophysiology Grading Rubric  
Firelands Regional Medical Center School of Nursing

\*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing  
2022

Student Name: **Kelly Wilson**

Clinical Date: **3/15/22-3/16/22**

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (1)</li> <li>• Past Medical History (1)</li> </ul>	<p><b>Total Points: 2</b> <b>Comments: Kelly, great job explaining your patient's current diagnosis and past medical history. CB</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (1)</li> </ul>	<p><b>Total Points: 1</b> <b>Comments: Great job discussing your patient's diagnosis and what was going on in their body due to this diagnosis. CB</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (1)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)</li> </ul>	<p><b>Total Points: 3</b> <b>Comments: You listed all relevant signs and symptoms associated with your patient's diagnosis, with an explanation of each of them. CB</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (1)</li> <li>• Rationale provided for each lab test performed (1)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (1)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)</li> </ul>	<p><b>Total Points: 4</b> <b>Comments: You did a great job explaining all of your patient's labs with a rationale for each. Great job with correlating them with your patient's diagnosis. CB</b></p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (1)</li> <li>• Rationale provided for each diagnostic test performed (1)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)</li> </ul>	<p><b>Total Points: 4</b> <b>Comments: Kelly, great job explaining the diagnostic test your patient had done, why it is related to their diagnosis, and the rationale for the results. CB</b></p>
<p><b>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (1)</li> <li>• Rationale provided for the use of each medication (1)</li> </ul>	<p><b>Total Points: 3</b> <b>Comments: Nice job explaining all of your patient's medications, why they were ordered related to their diagnosis, and what each medication is used for. CB</b></p>

<ul style="list-style-type: none"> <li>Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)</li> </ul>	
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</b></p> <ul style="list-style-type: none"> <li>All pertinent past medical history included (1)</li> <li>Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)</li> </ul>	<p><b>Total Points: 2</b>  <b>Comments: Good job explaining how your patient's past medical history relates to what is currently going on. CB</b></p>
<p><b>8. Describe nursing interventions related to current diagnosis. (1 point total)</b></p> <ul style="list-style-type: none"> <li>All nursing interventions provided for patient explained and rationales provided (1)</li> </ul>	<p><b>Total Points: 1</b>  <b>Comments: You did an excellent job explaining all the interventions you performed with rationales for each. CB</b></p>
<p>Total possible points = 20  17-20 = Satisfactory  14-16 = Needs improvement  &lt;13 = Unsatisfactory</p>	<p><b>20</b>  <b>Kelly, great job with your pathophysiology! You received a Satisfactory. CB</b></p>

<b>vSim Evaluation</b>  Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>Rachael Heidebrink</b> (Pharmacology) (1, 2, 6, 7)*	<b>Week 8:</b> <b>Dysrhythmia</b> Simulation (see rubric)	<b>Junetta Cooper</b> (Pharmacology) (1, 2, 6, 7)*	<b>Mary Richards</b> (Pharmacology) (1, 2, 6, 7)*	<b>Lloyd Bennett</b> (Medical-Surgical) (1, 2, 6, 7)*	<b>Kenneth Bronson</b> (Medical-Surgical) (1, 2, 6, 7)*	<b>Carl Shapiro</b> (Pharmacology) (1, 2, 6, 7)*	<b>Comprehensive</b> Simulation (see rubric)
	<b>Date:</b> 2/18/2022	<b>Date:</b> 3/2-3/2022	<b>Date:</b> 3/4/2022	<b>Date:</b> 3/18/2022	<b>Date:</b> 3/25/2022	<b>Date:</b> 3/31/2022	<b>Date:</b> 4/28/2022	<b>Date:</b> 4/28/2022
	<b>Evaluation</b>	S	S	U	S	S		
<b>Faculty Initials</b>	FB	FB	FB	CB	BL			
<b>Remediation:</b> <b>Date/Evaluation/</b> <b>Initials</b>	NA	NA	S 3/4/2022 FB	NA	NA			

\* Course Objectives

3/2/2022 Clinical management make-up satisfactory completed assignment: vSim-Suzanne Morris steps 1-5, vSim-Doris Bowman steps 1-5, and intervention prioritization assignment. Great job! FB

## Lasater Clinical Judgment Rubric Scoring Sheet

\*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT						OBSERVATION NOTES
<p><b>COMPONENTS NOTICING:</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:       <b>E</b>       A       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Notices patient’s heart rate is decreased. Notices the patient’s heart rhythm is in Sinus Bradycardia. Notices patient’s continued decreased heart rate and symptoms after Atropine is administered. Notices second rhythm change to 2<sup>nd</sup> degree Mobitz II heart block. Notices patient’s third rhythm change to 3<sup>rd</sup> degree heart block after second dose of Atropine.</p> <p>Notices patient has an elevated heart rate. Notices patient’s decreased blood pressure after administration of diltiazem. Notices patient has a history of heart failure and administering fluids is not appropriate.</p> <p>Notices patient is unresponsive.</p>
<p><b>INTERPRETING:</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               <b>E</b>       A       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>Prioritizes calling the physician for decreased heart rate and blood pressure. Interprets the initial heart rhythm as Sinus Bradycardia. Prioritizes administering Atropine 1 mg IVP for decreased heart rate. Correctly interprets patient’s heart rhythm change as a 2<sup>nd</sup> degree Mobitz II heart block. Interprets patient’s third rhythm change as a 3<sup>rd</sup> degree heart block.</p> <p>Interprets patient’s heart rhythm as A-fib. Prioritizes calling the physician based on assessment findings and patient’s symptoms. Prioritizes administering diltiazem promptly after order is received.</p> <p>Interprets patient’s heart rhythm as v-tach without a pulse.</p>
<p><b>RESPONDING:</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       <b>E</b>       A       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       <b>A</b>       D       B</li> <li>• Being Skillful:                   E       <b>A</b>       D       B</li> </ul> <p style="text-align: center;">B</p>						<p>Introduces self, places patient on the monitor, obtains vital signs (HR-50, BP-95/58, SpO2-93%, RR-22). Reminder to identify patient. Performs a focused assessment based on patients signs and symptoms. Calls the physician, utilizes SBAR (remember to give a recommendation), and repeats orders back. Correctly recommends administering Atropine 1 mg IVP for decreased HR after prompted by physician. Administers oxygen. Administers Atropine 1 mg IVP (reminder to use saline flush before and after medication administration). Reassesses patient. Calls MET for continued low heart rate (29). Calls physician for heart rate of 29 and heart rhythm showing 2<sup>nd</sup> degree Mobitz II heart block. Administers second dose of Atropine 1 mg IVP. Reassesses patient. Calls physician for rhythm change to 3<sup>rd</sup> degree heart block, recommends epinephrine or dopamine. Recommends transcutaneous pacing after prompt from physician.</p> <p>Introduces self and identifies patient. Places patient on the monitor, performs a focused cardiovascular assessment. Obtains patient’s vital signs (HR-164, BP-106/69, SpO2 91%, RR-22). Calls physician, utilizes SBAR (remember to give a recommendation). Physician prompts to place the patient on oxygen. Gives recommendation for digoxin or diltiazem</p>

	<p>after prompt from physician. Correctly identifies dose and rate of diltiazem. Reads back orders from physician. Administers oxygen. Administers diltiazem bolus and gtt. Reassesses patient symptoms and heart rhythm (reminder to reassess vital signs). Calls physician for patient's continued symptoms and decreased BP. Recommends giving Atropine or Epinephrine. Stops diltiazem gtt after order received from physician. Recommends performing a cardioversion on the patient after prompt from physician.</p> <p>Calls Code Blue. Begins CPR. Brings crash cart in room. Begins bagging. Calls physician, utilizes SBAR. Recommends Epinephrine 1 mg IVP Q3-5 minutes. Places pads on patient. Administers Epinephrine 1 mg IVP. Defibrillates patient (Reminder to defibrillate as soon as possible with pulseless v-tach or v-fib). Discusses Amiodarone as an alternative to Epinephrine (300/150/drip).</p>
<p><b>REFLECTING:</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>

<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>You are satisfactory for this simulation, great job!</b></p>
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**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