

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2022

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Sydney Green
Semester: Spring

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)
2/22/2022	4H	Missed PD clinical (funeral)	3/3/2022 (4H)
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	NA	NA	S						
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S						
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S						
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S						
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	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	NA	NA						
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	Na	NA	NA	NA	NA	NA	S	NA	NA	S						
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S						
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL	BL	BL						
Clinical Location	PM	PM	PM	QC	DH			Pt ad And discha rge		CD SH		IS						

Comments:

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

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 for future weeks be sure to include the "Clinical Location". AR

*End-of- Program Student Learning Outcomes

Make-up (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Preceptor comments: “Satisfactory in all areas”. AR

Week 9-1(b) 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. “Sydney will make a good addition to the nursing profession; she was on time and attentive the whole day.” BL

Week 11-1(a-c,f,g) Sydney, excellent job during your Infusion Center clinical experience. 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 except Demonstrates prior knowledge of departmental/nursing responsibilities (Satisfactory). “Was able to access a port successfully, completed an IV start, floated around to whatever nurse had an opportunity; very pleasant.” 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	12S	13	14	15	Make up	Final
Competencies:	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	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	NA	S						
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S						
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S						
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA	NA	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	NA	NA	NA	NA	NA	S	S	NA	S						
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL	BL	BL						

Comments:

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	NA	NA	NA	S	S	S	NA	S						
a. Critique communication barriers among team members. (Interpreting)	S NA	NA	Na	S	NA	NA	NA	S	S	NA S	NA	NA						
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S NA	NA	Na	S	NA	NA	NA	S	S	S NI	S	S						
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA						
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA						
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA						
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL	BL	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). (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 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. Keep up the great work! Comments per Core Measures RN: Excellent in all areas. Comments per Rapid Response RN: Excellent in all areas; Great participation. Comments per Stroke RN: Satisfactory in all areas. Good Luck on 3T! AR

Week 9-3(b,c) Excellent job with the Quality Scavenger Hunt clinical experience. Competency 3(c) was changed to an "NI" because unfortunately you did not discuss how the variances you found during this experience affect the fiscal health of the organization as asked in your CDG question. I would like you to add this information to your CDG post by Wednesday March 23 at 0800 in order to be graded as satisfactory for Week 10. If you have any questions, please do not hesitate to ask. BL

Week 10-3(c) Thank you for adding the information requested. You are now satisfactory for this competency. BL

*End-of- Program Student Learning Outcomes

Week 11-3(c) Great job with your CDG discussing strategies to achieve fiscal responsibility in clinical practice. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 2 (5c)- This competency will be completed during the ICU/4P clinical rotation. Reported on by assigned RN on 1/18/2022– Excellent in all areas. Student Goals:

Try to get more experience with IV starts. Additional preceptor comments: Sydney was very eager to learn and will be a wonderful nurse! FB

Week 3 (5a)- Verbal report from assigned nurse on 1/25/2022, Sydney is doing a great job with patient care and is engaged in learning. CO/FB

Week 4 (5a)- Reported on by assigned RN on 2/1/2022 – Satisfactory in all areas. Student Goals: Get vitals for every patient in a timely manner and record before morning medications.” EB/FB Reported on by assigned RN on 2/2/2022 – Excellent in all areas. Student Goals: “Be in on an admission and do it by myself.” EB/FB

Week 5 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation experience. Keep up the great work! 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	NA	NA	NA	NA	S	S	S	NA	S						
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
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	NA	NA						
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	NA	NA	NA	NA	S	S	S	NA	S						
d. Deliver effective and concise hand-off reports. (Responding)	S NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA						
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA						
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA S	NA	NA	NA	S	S	U	S NA	S						
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL	BL	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, 30/30 points. RN comments: Utilize one place on your report sheet for each patient to write new orders and record what each doctor says. CO/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 (6f)- Satisfactory CDG posting related to your Quality/Core Measures observation experience. Great job! AR

Make-up (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 9-6(f) Sydney, unfortunately this competency was graded as a “U” for this week because you left the box empty. Remember, if the student does not self-rate a competency the competency is automatically graded as “U.” You did an excellent job with your CDG for Cardiac Diagnostics. There are some areas in need of improvement for your Quality Scavenger Hunt CDG. Some of the information you provided was inaccurate, and you did not answer question #3 in its entirety. Please see competency 3(c) above, as well as visit the CDG to review my feedback. If you have any questions, please do not hesitate to ask. Remember to address this “U” for Week 10. BL

Week 9-6(f): I got a U because I forgot to fill in the spot as a S, I will remember to put an S or NA by double checking each box before submitting. Thank you. BL

Week 11-6(f) Excellent job with your CDG this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery.
(1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	NA	NA	NA	NA	S	S	S	NA	S						
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	NA	NA	NA	NA	S	S	S	NA	S						
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	NA	NA	S	S	S	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	S	S	NA	NA	S	S	S	NA	S						
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR	BL	BL	BL						

Comments:

Midterm- You have done an excellent job in all clinical experiences during 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

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

<u>vSim Evaluation</u> 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	S	S	S		
Faculty Initials	AR	AR	AR	BL	BL	BL		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA		

* Course Objectives

2/18/2022- vSim Rachael Heidebrink: Satisfactory completion of required components, including accurate documentation. AR

3/3/2022- Satisfactory for Week 8 dysrhythmia simulation (see rubric) and vSim Junetta Cooper. Keep up the great work! AR

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: R. Hager, C. Klaehn, S. Green, B. Prater OBSERVATION DATE/TIME: 3/3/2022 0800-1000 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	Focuses on head to toe assessment, initially does not notice patient's low heart rate. Notices patient's rhythm is Sinus Bradycardia, and heart rate decreased from 50 to 45. Notices patient's Metoprolol may be the cause of the low heart rate. Notices patient's decreased heart rate after Atropine is administered. Correctly identifies heart rhythm change as a 2nd degree Mobitz II. Notices another rhythm change to 3rd degree block. Focuses on head to toe assessment, initially does not notice patient's elevated heart rate. Notices patient's heart rhythm is in A-fib. Notices patient has decreased BP-90/50 and decreased SpO2-89% on RA after diltiazem is started. Notices patient's heart rhythm is still in A-fib. Notices patient has a low EF and history of heart failure. Notices patient is unresponsive.				
INTERPRETING: - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritizes head to toe assessment, initially does not prioritize patient's low heart rate. Prioritizes calling the physician once Sinus Bradycardia rhythm is identified. Contributes patient's low heart rate to be related to Metoprolol. Prioritizes administering Atropine 1 mg promptly to increase heart rhythm. Interprets second rhythm change correctly as a 2nd Degree Mobitz II. Initially interprets third rhythm change as a 1st degree block, and then correctly interprets the rhythm as a 3rd degree block. Prioritizes head to toe assessment, initially does not prioritize patient's elevated heart rate and rhythm. Interprets patient's heart rhythm as A-fib. Prioritizes calling the physician once patient continues to complain of symptoms. Prioritizes administering diltiazem bolus and gtt. Prioritizes stopping the diltiazem infusion after patient's BP and SpO2 drops. Interprets patient's heart rhythm as v-fib rather than v-tach. Prioritizes starting CPR. Reminder to prioritize defibrillation for pulseless v-tach and v-fib.				
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	Identifies patient, establishes orientation, and obtains vital signs (T-99.0 F, HR-50, SpO2-91%, BP-104/68, RR-22). Raises HOB. Calls physician, utilizes SBAR. Correctly recommends administering Atropine 1 mg to increase patient's heart rate. Places the patient on oxygen for decreased SpO2. Administers Atropine 1 mg IVP over 1 minute. Reassesses patient's vital signs and heart rhythm. Calls physician to notify of rhythm change and worsening symptoms, recommends another dose of Atropine. Waits to administer second dose of Atropine once third rhythm change is identified. Correctly identifies that the patient will need transcutaneous				

*End-of- Program Student Learning Outcomes

	pacing. Identifies patient, completes pain assessment, inquires about patient's symptoms, and obtains vitals (T-97.8, HR-152, SpO2-98%, RR-24, BP-98/58). Places patient on the monitor. Calls physician, reminder to utilize full SBAR (give a recommendation for treatment). Recommends diltiazem, beta-blocker, amiodarone or cardioversion once prompted by the physician. Correctly identifies dose and rate of diltiazem. Reads back orders from physician. Administers diltiazem bolus and gtt. Reassesses patient's vital signs and heart rhythm. Administers oxygen. Discontinues diltiazem infusion, calls physician. Does not recommend fluid bolus due to patient's low EF and history of heart failure. Correctly recommends a cardioversion for the patient. Identifies patient's heart rhythm as v-fib, checks for a pulse. Calls Code. Begins CPR and places pads on patient. Brings crash cart into room. Begins bagging patient. Defibrillates patient. Administers Epinephrine 1 mg IVP. Discusses Amiodarone as an alternative to Epinephrine (300/150/drip).			
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 is restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR with pulseless v-tach. 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. 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!
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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	Total Points:
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*End-of- Program Student Learning Outcomes

diagnosis and past medical history. (2 points total) • Current Diagnosis (1) • Past Medical History (1)	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	Total Points: Comments:

history correlates with current diagnosis (1)	
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