

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

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
 Carmen Patterson, MSN, RN; Brian Seitz, MSN, RN
Teaching Assistant: Brittany Schuster, BSN, 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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". 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, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then 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 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 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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
1/21/2020	4	Missed QC clinical	1/30/20: 1.5 H
2/14/20	2	vSIM not completed	
Initials	Faculty Name		
FB	Frances Brennan, MSN, RN		
CP	Carmen Patterson, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN		
BSc	Brittany Schuster, BSN, 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.

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NA	S	S	S	S											
a. Manage complex patient care situations with evidence of preparation and organization.	NA	NA	S	S	S	S											
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	S	S	S	S	S											
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	S	S	S	S	S											
d. Evaluate patient's response to nursing interventions.	NA	S	S	S	S	S											
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	NA	NA	NA	S											
f. Administer medications observing the six rights of medication administration.	NA	NA	S	S	S	S											
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	NA	S	NA	NS	NA											
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	NA	NA	S	S	S											
Faculty Initials	AR	AR	AR	BS	BS	BSc											
onClinical	NA	CD IS	ED SP	4C	4C	4P											

Comments:

Week 3 (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Great job! ((1d)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 4- Special Procedures preceptor comments: – Excellent in all areas. Preceptor comments: Laura had great communication skills and was very good at speaking with confused elderly patient. (1b,d)- Excellent discussion via CDG posting related to Special Procedures clinical experience. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 5- 1 a,b,c,f- Good job caring for your critical care patient this week. For the upcoming week I would like you to focus on being assertive and confident, you can do it. Comfort and confidence with medication administration will come with practice. BS

Week 6- 1a,b,f- Good job caring for your mechanically ventilated patient this week and administering medications. 1g- You utilized good technique while attempting to start an IV. You accessed the vein, it just blew. Sometimes this cannot be helped. You did everything correctly, nice job. BS

Week 7-1(f) Great job administering all your medications this week in clinical while observing the six rights of medication administration. You were very organized and well prepared both days. Keep up the great work! BSc

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NA	NA	S U	S	S											
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. CC (noticing, interpreting, responding)	NA	NA	NA	S U	S	S											
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	NA	NA	NA	S	S	S											
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	NA	NA	NA	S	S	S											
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	NA	NA	NA	NA	NA	S											
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	NA	NA	S											
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (noticing, interpreting, responding)	NA	NA	NA	NA	S	NA											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

2d. See Care Plan Rubric at the end of this document.

2e. See Clinical Simulation Rubric at the end of this document.

Week 5- 2a- Good overall job of listing the pathophysiology for liver cirrhosis, although I am going to need some additional information related to your particular patient. You list some labs and diagnostics that are usually performed for a diagnosis of liver cirrhosis, but what labs and diagnostic tests were performed on your patient and how do they correlate to his diagnosis? You listed his medications, but how do they correlate to your patient's diagnosis? Also, who were the members of his interdisciplinary team? What other disciplines might get involved to ensure a positive patient outcome? Please email me this information via Edvance360 email by Wednesday, 2/12/20 at 0800. Please also comment below on how you will prevent receiving a U in this competency in the future. BS

Week 6 2a: In order to become satisfactory, I have added pertinent information to my pathophysiology cdg. This has changed the U to satisfactory BS

Week 6- 2f- Very nice job on your ABCDEF bundle. You covered all of the required components, nice work! BS

Week 7-2(d) Great job formulating a prioritized nursing care plan. Please see the Care Plan Rubric at the end of this document for my feedback. BSc

Week 7-2(e) Please see the Clinical Simulation Rubric at the end of this document for feedback on your simulation. BSc

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NA	NA	NA	NA	NA											
a. Critique communication barriers among team members (Preceptorship)	NA	NA	NA	NA	NA	NA											
b. Participate in QI, core measures, monitoring standards and documentation.	NA	NA	NA S	NA	NA	NA											
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	NA S	S	NA	NA	NA											
d. Clarify roles & accountability of team members related to delegation. (Preceptorship)	NA	NA	NA	NA	NA	NA											
e. Determine the priority patient from assigned patient population. (Preceptorship)	NA	NA	NA	NA	NA	NA											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

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

Week 4 (3b)- Satisfactory discussion via CDG posting related to partial Quality Department clinical make-up. AR

*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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	S	S	S	S	S											
a. Critique examples of legal or ethical issues observed in the clinical setting.	NA	S	S	S	S	S											
b. Engage with patients and families to make autonomous decisions regarding healthcare.	NA	NA	S	S	NA	S											
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	NA	NI	S	S	S	S											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

Week 5- 4a- You participated in post-conference discussion, citing legal/ethical issues observed in the clinical setting. BS

Week 6- 4a,c- We discussed several legal/ethical issues during post-conference. Professional behavior observed at all times. BS

Week 7-4(b) Laura, you did an excellent job engaging and communicating with your patient this week in clinical. You were there to talk with him and listen when he needed someone most. I have no doubt that the care you provided for him and the time you spent with him will have a big impact on what he has left of his life. Don't ever feel ashamed for being emotional with a patient or when talking about the impact that a patient had on you. It only shows your compassion and your high regard for empathy. You are going to be an amazing nurse. Keep up all your hard work! BSc

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NI	S	S	S	S											
a. Reflect on your overall performance in the clinical area for the week.	NA	NI	S	S	S	S											
b. Demonstrate initiative in seeking new learning opportunities.	NA	NI	S	S	S	S											
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	NA	NI	S	S	S	S											
d. Perform Standard Precautions.	NA	S	S	S	S	S											
e. Practice use of standardized EBP tools that support safety and quality.	NA	NI	S	S	S	S											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

Week 3-I am curious to know why you gave yourself NI's for these competencies. I feel as if you were satisfactory in all these areas. AR

Week 5- 5 c,e- Creating a safe culture and using EBP tools that promote safety were discussed during post-conference. BS

Week 6- 5 a,b- Good performance in the clinical setting. You seemed to be more comfortable this week. BS

Week 7-5(b) Laura, I wanted to comment on how impressed I was when you took the initiative to start looking up information on your patient when it was taking a while for us to get report on Tuesday morning. You truly make the most of your time during your clinical experiences and it does not go unnoticed. Thank you for taking the time to answer call lights and assist with other needs on the unit when you had down time as well. Keep up the great work! BSc

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	S	S	S	S	S											
a. Establish collaborative partnerships with patients, families, and coworkers.																	
b. Teach patients and families based on readiness to learn and discharge learning needs.	NA	NA	NA S	S	NA S	S											
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	NA	NA S	S	S	NA S	S											
d. Deliver effective and concise hand-off reports.	NA	NA	NA	NA	NA	NA											
e. Document interventions and medication administration correctly in the electronic medical record.	NA	NA	S	S	S	S											
f. Consistently and appropriately posts in clinical discussion groups.	NA	NI S	S	S U	S	S											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

Week 3 (6c)- Satisfactory discussion via CDG post related to your Infusion Center clinical experience. (6f)- Your CDG postings related to your Infusion Center and Cardiac Diagnostics clinical experiences were satisfactory per the CDG grading rubric. You provided excellent detail and accurate information. Great job! AR

Week 4 (6b,c)- Satisfactory discussion via CDG posting related to Emergency Department clinical experience. You did an excellent job during this clinical experience!

(6f)- Excellent CDG postings related to Week 4 clinical experiences. Keep up the great work! AR

Week 5- 6f- Please see comments under Objective 2a. BS

*End-of- Program Student Learning Outcomes

Week 5- 6f- Please comment below on how you will prevent receiving a U in this competency in the future. BS

Week 6, 6f: I have addressed the U in Week 5, 2a and become satisfactory. I will allow myself enough time to complete future assignments by scheduling time periods to allot enough time for completion of a satisfactory manner. These sceduled time periods will be reflected in my daily planner by the end of week 6. BS

Week 6- 6 a,b,c- Although family members were not present during our clinical days, these competencies were addressed, as we discussed them during post-clinical discussion. BS

Week 7-6(e) You did a great job overall with all of your documentation this week in clinical. There were minor areas in which we discussed that needed to be changed, and you did a great job incorporating my feedback from Tuesday and applying it to your documentation on Wednesday. BSc

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NI	S	S	S	S											
a. Value the need for continuous improvement in clinical practice based on evidence.	NA	NI	S	S	S	S											
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	NI	S	S	S	S											
c. Comply with the FRMCSN "Student Code of Conduct Policy."	NA	NI	S	S	S	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	NA	NI	S	S	S	S											
Faculty Initials	AR	AR	AR	BS	BS	BSc											

Comments:

Week 3-I am curious to know why you gave yourself NI's for these competencies. I feel as if you were satisfactory in all these areas. AR

Skills Lab Evaluation Tool
AMSN
2020

Skills Lab Competency Evaluation	Lab Skills									
	(1,3,4,6)* IV Start	3,4,5,6)* Blood Admin./IV Pumps	Delegation/Prioritization/	Critical Care Meditech * Document	3,4,5,6)* Physician Orders	(1,3,6,7)* Resuscitation	Central Line/Blood 4,6)* Draw/Ports/IV Push	Assessment/Head to Toe	ents/CTECG/Telemetry	5,6)* EKG Measurements
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/7/20	Date: 1/7/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR/BS/CP/ BSc	FB	CP	FB	BS/BSc	AR	FB/CP	BS/BSc	BS/BSc	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. AR/BS/CP/BSc

Blood Admin/IV Pumps: Satisfactory participation practice with blood administration safety checks. Great job with priming tubing, secondary IV medication pump set up, and the use of the IV drug dose library. FB

Prioritization/Delegation: You have successfully completed your skills lab for delegation and prioritization. You satisfactorily prioritized care for multiple patients using multiple methods (i.e. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks based on the skill level and scope of practice for each member of your team. You actively participated in the group discussion on delegation of nursing tasks and your team shared several important factors to consider when delegating, including scope of practice and skill level of the delegate, nursing laws, facility policy, and condition of the patient. Great job! CP

Meditech Documentation: Satisfactory completion 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 order labs utilizing SBAR communication and taking orders over the phone. Good job! BS/BSc

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

Central Line Dressing Change: Satisfactory central line dressing change using proper technique, as well as line flushing. FB

*End-of- Program Student Blood Draw, Port Access: You were satisfactory in accessing an Infusaport device. You also satisfactorily demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. CP

IV Push: Great job with reconstitution of powder with NS, and medication administration. FB

Nursing Care Plan Grading Tool
 AMSN
 2020

Student Name: **Laura Souslin**

Clinical Date: **2/18-2/19/2020**

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Impaired gas exchange r/t altered oxygen supply (infection)
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1)-1 Etiology (1)-1/2 Defining Characteristics (1)-1	Total Points: 2.5 Comments: Great job with your prioritized nursing diagnosis. Looking at your etiology, “altered oxygen supply” is the only statement you would want to put here. Do not include infection because this is a medical diagnosis.
Goal and Outcome (6 points total) Goal Statement (1 point)-1/2 Outcome: Specific (1)-1 Measurable (1)-1 Attainable (1)-1 Realistic (1)-1 Time Frame (1)-1/2	Total Points: 5 Comments: Looking at your goal statement, you do not want to include the time frame after this statement. The time frame should be included at the end of your outcome statements. You did an excellent job with your outcome statements. They were all specific, measurable, attainable, and realistic.
Nursing Interventions: (8 points total) Prioritized (1)-1 What (1)-1 How Often (1)-1/2 When (1)-1/2 Individualized (1)-1 Realistic (1)-1 Rationale (1)-1/2 All pertinent interventions listed (1)-1	Total Points: 6.5 Comments: Laura, great job listing all pertinent nursing interventions for your patient. Looking at your last 4 nursing interventions, unfortunately you did not include how often or when you would complete these interventions. For example, you could say “Educate and promote proper hydration daily prior to discharge (0900).” Remember that you must include how often and when for every intervention. Additionally, try to be a little more specific with your rationales. Some of them were very brief and lacking detail.
Evaluation: (5 points total) Date (1)-1 Goal Met/partially/unmet (1)-1 Defining characteristics (1)-1 Plan to continue//modify/terminate (1)-1 Signature (1)-1	Total Points: 5 Comments: Excellent job with your evaluation section!
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = 19/22 Comments: Satisfactory care plan. Great job! BSc <p style="text-align: center;">14</p>

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2020
Simulation Evaluations

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	gy)Rachael Heidebrink	acology)Junetta Cooper	acology)Mary Richards	Surgical)Lloyd Bennett	rgical)Kenneth Bronson	macology)Carl Shapiro
	Date: 2/14/20	Date: 2/28/20	Date: 3/13/20	Date: 3/20/20	Date: 3/26/20	Date: 4/9/20
Evaluation	U					
Faculty Initials	BS					
Remediation: Date/Evaluation/ Initials	2/17/2020 S BSc					

* Course Objectives

2/14/20 I am addressing this U in vSim by correctly following instructions and registering online for this class. I was able to log-in on 2/13/20 and complete the pretest, simulation, and posttest. However, my instructor was unable to view its completion due to the lack of registration. I will confirm registration with my instructor by the end of this week. **BSc**

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Souslin**

OBSERVATION DATE/TIME: **2/20/20** SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Team identifies patient and identifies self. Begins assessment, begins assessment. Cardiac monitor applied. Establishes orientation. Patient CO dizziness, reassured that medication was just given and should help. Rhythm change noticed.</p> <p>Team introduces members and identifies patient. Patient CO chest “jumping”. Orientation established. Cardiac monitor applied. Patient begins to cough during second bolus and CO SOB.</p> <p>Team enters, patient has no response, feels for pulse.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>HR noted to be bradycardic. New rhythm interpreted as 3rd degree AV block. Interprets the need to transcutaneous pace.</p> <p>Rhythm interpreted to be A-fib. Team notices lowered BP. With bolus, team notices patient history of CHF and EF of 40% and auscultates lungs.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D <li style="padding-left: 20px;">B 						<p>Call to physician to update on heart rate, suggests atropine with appropriate doses. Order received and read back. O2 applied. Atropine prepared and administered correctly. Fast patches applied.</p> <p>Patches applied and O2 administered. Call to physician to inform of A-fib with a recommendation for Cardizem bolus. Orders received for bolus and drip, read back. Cardizem bolus administered and drip initiated correctly. Call to physician with a suggestion for amiodarone. Suggestion for a fluid bolus (discussion regarding Cardizem being the cause of the lowered BP). Order received and read back. Fluid bolus of 250 prepared and administered. Lung sounds assessed. Another bolus administered. Bolus DC’d after patient begins to cough.</p> <p>Code called, CPR started immediately. Patches applied. Defibrillator charged, shock delivered, CPR, patient bagged, shock delivered, shock delivered, EPI administered, shock delivered (great job!)</p>

*End-of- Program Student Learning Outcomes

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discusses treatments for bradycardia and symptomatic bradycardia. Discussion of transcutaneous pacing, how to initiate it, and the probable need for pain medication. Pacing demonstrated. Discussion about bradycardia resulting in low cardiac output and resulting drop in BP. Also discussed prioritization of care as the scenario developed and the importance of teamwork.</p> <p>Team discussion about the common treatments for A-fib and prioritization of care for patients with A-fib. Nice job considering patient's history (CHF, EF 40%) when contemplating treatment. Synchronized cardioversion explained and demonstrated (also precautions, medications, indications).</p> <p>Team discussion about Code Blue scenario, difference between cardioversion and defibrillation. Medication alternative for EPI discussed (amiodarone). Team discussed noticing and responding appropriately.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>You are satisfactory for this simulation, great job!</p>

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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020**

**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 12/20/19

*End-of- Program Student Learning Outcomes