

**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)
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	NA	S	S	S	NA	N/A	S	S							
a. Manage complex patient care situations with evidence of preparation and organization.	NA	NA	NA	S	S	S	NA	N/A	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	NA	NA	S	S	S	NA	N/A	S	S							
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	NA	NA	S	S	S	NA	N/A	S	S							
d. Evaluate patient's response to nursing interventions.	NA	NA	NA	S	S	S	S	N/A	S	S							
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	NA	NA	S	S	S	N/A	S	S							
f. Administer medications observing the six rights of medication administration.	NA	NA	NA	S	S	S	NA	N/A	S	S							
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	N/A	N/A	NA													
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	NA	NA	S	S	S	NA	N/A	S	S							
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BSc							
onClinical		QC		3T	3T	3T	PD CD			4P							

Comments:

Week 9-1(f) Erica, you did an excellent job administering all of your medications in clinical this week. You observed all the six rights of medication administration, and you did a great job with your IV-Push medication as well. BSc

*End-of- Program Student Learning Outcomes

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	S	S	NA	N/A	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	S	S	NA	N/A	S	S							
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	NA	NA	NA	S	S	S	NA	N/A	S	S							
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	NA	NA	NA	S	S	S	NA	N/A	S	S							
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	NA	NA	NA	S	S	S	NA	N/A	S	S							
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA				NA	S	N/A	S							
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (noticing, interpreting, responding)	NA	N/A	N/A	NA													
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	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 9-2(d) Please see the Care Plan Rubric at the end of this document for my feedback. You did an excellent job! BSc

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

Comments:

Erica,

Satisfactory CDG posting related to your Quality Department clinical experience. Keep up the good work! AR

Week 9-3(c) Erica, 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 clinical practice. BSc

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	NA	NA	NA	S	S	S	N/A	S	S							
a. Critique examples of legal or ethical issues observed in the clinical setting.																	
b. Engage with patients and families to make autonomous decisions regarding healthcare.	NA	NA	NA	S	S	S	S	N/A	S	S							
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	NA	S	NA	S	S	S	S	N/A	S	S							
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BSc							

Comments:

4 a. I did not witness any ethical or legal issues during my clinical setting. An ethical issue that may come up would be a patient that has a living will who is not able to make health decisions dues to current condition and the family members do not want to follow what is in the patient’s will. **Thank you! 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	S	NA	S	S	S	S	N/A	S	S							
a. Reflect on your overall performance in the clinical area for the week.																	
b. Demonstrate initiative in seeking new learning opportunities.	NA	NA	NA	S	S	S	NA	N/A	S	S							
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	NA	S	NA	S	S	S	S	N/A	S	S							
d. Perform Standard Precautions.	NA	NA	NA	S	S	S	S	N/A	S	S							
e. Practice use of standardized EBP tools that support safety and quality.	NA	NA	NA	S	S	S	NA	N/A	S	S							
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BSc							

Comments:

Week 6 Objective 5a: Erica, per your preceptor Tiffany on 2-4-20 – Satisfactory in all areas except Attendance (Excellent)

Preceptor comments: Erica did a great job today with the “flow of patients” we had today. Many discharges and admissions could have been difficult but she stayed calm and handled it well. Keep up the great work Erica! CP

Per your preceptor Tiffany on 2-8-20 – Satisfactory in all areas except Communication skills, Professionalism, and Attendance (Excellent). Preceptor comments: Very nice job handling a difficult patient today; wonderful bedside manner. Excellent job Erica! CP

Week 7 Objective 5a: Erica per your preceptor Tiffany on 2-12-20 – Excellent in all areas except Knowledge base, technical skills, and establishment of plan of care (Satisfactory). Preceptor comments: Erica has great communication skills and explains expectations with clarity and purpose; she is also always willing to help others with their tasks. Nice work Erica! CP

Objective 5a: Erica per your preceptor Tiffany on 2-14-20 – Satisfactory in all areas. Preceptor Comments: Erica is very thorough with documentation and researching her patients. Per your preceptor Tiffany on 2-19-20 – Satisfactory in all areas. Preceptor Comments: Erica exceeds expectations in productivity and tends to take initiative to gather information needed to provide excellent care. Per your preceptor Tiffany on 2-20-20 – Satisfactory in all areas. Preceptor Comments: Erica is continuously striving to improve skills. She is a little hard on herself, but is going to be a great nurse! Have confidence in yourself, Girl!! You got this. Erica, I agree with Tiffany, be confident in yourself, you are going to be a great RN! Keep up the excellent work! CP

5 C. Patient’s getting wrong medications, receiving orders from physicians that were written down wrong. Both are examples of errors that potentially cause harm to patients. Using hospital approved abbreviations, reading back phone orders. Scanning medications at the bedside all help to prevent errors. **Thank you! BSc**

5 E. Using bedside medication verification system. **Thank you! BSc**

*End-of- Program Student Learning Outcomes

Week 9-5(b) This week you had the opportunity to watch your patient have a heart catheterization done. I hope you enjoyed this experience and learned a lot as well. Additionally, you had the opportunity to complete a PICC line dressing change as well. You did an excellent job even in an atypical situation. Keep up all your 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	NA	NA	S	S	S	NA	N/A	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	S	NA	N/A	S	S							
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	NA	NA	NA	S	S	S	NA	N/A	S	S							
d. Deliver effective and concise hand-off reports.	NA	NA	NA	NA	S	NA	NA	N/A	S	NA							
e. Document interventions and medication administration correctly in the electronic medical record.	NA	NA	NA	S	S	S	NA	N/A	S	S							
f. Consistently and appropriately posts in clinical discussion groups.	NA	S	NA	S	S	S	S	N/A	S	S							
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BSc							

Comments:

Week 3 (6f)- Satisfactory CDG posting related to your Quality Department clinical experience. Great job! AR

Week 5 Objective 6d: You satisfactorily completed the Hand-off Report Competency with a 40/40. Per your preceptor Tiffany, “Good Job!” Nice job Erica! CP

Week 9-6(e) Erica, you did a great job overall with all of your documentation this week in clinical. There were some 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. Keep up all your hard work! BSc

Week 9-6(f) Excellent job with your CDG. BSc

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

Comments:

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	4,6)* Central Line/Blood Draw/Ports/IV Push	Assessment/Head to Toe	ents/CTECG/Telemetry	5,6)*ECG 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 Learning Outcomes
Blood Draw, Ports: 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

Head to Toe Assessment: Satisfactory completion of Head to Toe Assessment. BS/BSc

Nursing Care Plan Grading Tool
 AMSN
 2020

Student Name: Erica Wiegand

Clinical Date: 3/10-3/11/2020

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Decreased cardiac output r/t altered contractility
**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 Defining Characteristics (1)-1	Total Points: 3 Comments: Great job choosing a priority nursing diagnosis for your assigned patient. Your defining characteristics were nicely done and specific. Remember to include what the patient's actual blood pressure was. You only stated "Elevated blood pressure."
Goal and Outcome (6 points total) Goal Statement (1 point)-1 Outcome: Specific (1)-1 Measurable (1)-1 Attainable (1)-1 Realistic (1)-1 Time Frame (1)-1	Total Points: 6 Comments: Excellent job! Goal statement is correctly written and all outcomes are SMART.
Nursing Interventions: (8 points total) Prioritized (1)-0 What (1)-1 How Often (1)-1 When (1)-1/2 Individualized (1)-1 Realistic (1)-1 Rationale (1)-1/2 All pertinent interventions listed (1)-1	Total Points: 6 Comments: Erica, you did a great job overall with your nursing interventions. Looking at prioritization, do you think your focused cardiac assessment should be of higher priority? Additionally, be sure to include an example of a time for all your interventions. For "Administer Hydralazine 10mg/0.5ml IV push q4H PRN" you would still want to include examples of times. Lastly, in the future try to provide more detail for each of your rationales. Some of them appeared very brief. Overall, you did a very nice job.
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!
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 = 20/22 Comments: Satisfactory care plan. Awesome job! BSc 12

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

vSim Evaluation	Rachael Heidebrink	Junetta Cooper	Mary Richards	Lloyd Bennett	Kenneth Bronson	Carl Shapiro
Performance Codes: S: Satisfactory U: Unsatisfactory	S	S	S			
Evaluation	S	S	S			
Faculty Initials	CP	CP	BSc			
Remediation: Date/Evaluation/ Initials	NA	NA	NA			

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Weigand, Warren, Trent, Bui** OBSERVATION DATE/TIME: **2/26/20** SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT COMPONENTS NOTICING: (1, 2, 5)*	OBSERVATION NOTES
<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 enters, identifies patient, patient CO being tired. Begins assessment. Good questions to get patient history/symptoms. HR noticed to be low. Patient CO being tired. Assessor stays with/comforts patient. Rhythm change, not noticed immediately.</p> <p>Team enters and identifies patient, inquires about symptoms, and begins symptoms. Patient CO of palpitations. Nice job of keeping the patient informed of treatment plan. Following Cardizem, BP drops. Following bolus, patient begins to cough. Lung sounds reassessed.</p> <p>Team enters and discovers unresponsive patient. Immediately begins CPR and calls code blue. V-tach noted.</p>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Rhythm interpreted to be 2nd degree block type 2.</p> <p>Team recognizes a-fib on monitor. Low BP interpreted as being caused by the Cardizem. Lung sounds interpreted as crackles.</p>
RESPONDING: (1, 2, 3, 5)* <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 B 	<p>O2 applied. Call to physician with update with suggestion for atropine and provides dose range. Orders received (remember to read back orders). Atropine and fluids prepared and administered correctly. Call to physician, physician asks about rhythm. Once identified, physician asks for suggestions. Transcutaneous pacing suggested.</p> <p>Monitor applied to patient. Call to physician to update on condition and report a-fib, suggests amiodarone. Physician asks if there is another alternative, diltiazem is suggested, with correct dosages supplied as well. Orders received for Cardizem and heparin and read back. Cardizem bolus and drip prepared and administered correctly. Call to physician to request fluids when BP drops due to Cardizem. Order received for bolus and maintenance fluid, read back. Bolus initiated. IV slowed when patient CO of SOB. Call to physician to report fluid overload (RT CHF and reduced EF 40%). Suggestion for cardioversion (synchronized).</p> <p>Patches applied, EPI administered (q 3 min), remember to ventilate. Defibrillator charged, shock delivered, CPR, EPI. Another drug that can be given is amiodarone 300 mg IVP (repeat 150 mg in 3-5 min. IF it works-drip).</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 scenario, symptomatic bradycardias and their treatment. Discussion of the rhythm as it progresses from sinus bradycardia (symptomatic- call to physician with recommendation for atropine) to 2nd degree mobitz 2 heart block, finally to 3rd degree complete block. Discussed indications for, and differences between, transcutaneous, trans-venous, and permanent pacemakers. Demonstration of transcutaneous pacing. Discussion of the need for pain control with pacing. Recognition of beta-blocker as potentially being the cause of bradycardia.</p> <p>Team discussion of a-fib scenario and various treatment options, including medications (Cardizem, warfarin, heparin, amiodarone) and if these fail, synchronized cardioversion. Discussed the importance of patient history when determining fluid bolus/maintenance.</p> <p>Discussed prioritization during a code blue. CPR, code blue, remember to defibrillate as soon as possible, EPI. Discussed potential reasons for patient to code- in this case K+ of 2.8.</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, good 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