

**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)
02/18/2020	12.5 hours	Did not follow Student Accountability Flowchart	02/20/2020 (12.5 hours)
03/20/2020	2 hours	Did not complete Lloyd Bennett vSim on time	03/23/2020 BSc
<b>Initials</b>	<b>Faculty Name</b>		
<b>FB</b>	<b>Frances Brennan, MSN, RN</b>		
<b>CP</b>	<b>Carmen Patterson, MSN, RN</b>		
<b>AR</b>	<b>Amy Rockwell, MSN, RN</b>		
<b>BS</b>	<b>Brian Seitz, MSN, RN</b>		
<b>BSc</b>	<b>Brittany Schuster, BSN, RN</b>		

## 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.

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

**Comments:**

Week 2 (1g)- Great job with IV skills while in Digestive Health. Keep up the great work. AR

Week 3- NA for the competencies that do not pertain to your Patient Advocate/Discharge Planner experience. AR

Week 4- Preceptor comments for Infusion Center: Excellent in all areas. IV starts and port access plus Spravato. Great day. (1d)- Excellent discussion via CDG posting related to your Infusion Center clinical. Keep up the great work! AR

\*End-of- Program Student Learning Outcomes

Week 9 (1a)- Great job managing care of a complex ICU patient. (1g) This competency was not performed this week; therefore, the competency was changed to NA.  
(1f)- Great job with medication administration including PO, IVPB, and titrating medications. FB

Week 10-1(a-h) Unfortunately, you left all the boxes for these competencies blank. Remember if a 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. 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
<b>Competencies:</b>	S NA	NA	NA	S	S	S	S	N/A	S	S NI/S	NA						
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding)</b>	S NA	NA	NA	S	S	S	S	N/A	S	S	NA						
b. Monitor for potential risks and anticipate possible early complications. <b>CC (noticing, interpreting, responding)</b>	S NA	NA	NA	S	S	S	S	N/A	S	S	NA						
c. Recognize changes in patient status and take appropriate action. <b>(noticing, interpreting, responding)</b>	S	NA	NA	S	S	S	S	N/A	S	S	NA						
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding, reflecting)</b>	S NA	NA	NA	S	S	S	S	N/A	S	S	NA						
e. Development of clinical judgment in high-fidelity simulation scenarios. <b>(Noticing, Interpreting, Responding, Reflecting)</b>							NA	NA S	S								
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. <b>CC (noticing, interpreting, responding)</b>	NA	N/A	N/A	NA	NA												
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

**Comments:**

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

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

Week 8 Objective 2e: Jadelynn, I changed your “NA” to an “S” You completed simulation during week 8. CP

Week 9 (2a) You provided a great description of what occurred with your patient including labs, medications and testing. I need you to correlate this information with the diagnosis of acute renal failure, explain what renal failure is and all the signs and symptoms associated with renal failure and explain the signs and symptoms your patient exhibited. FB

\*End-of- Program Student Learning Outcomes

Week 9 (2a) Jadelynn, Great job with re-submission of pathophysiology. You did a nice job explaining the disease process and how it related to events that occurred with your assigned patient. Nursing interventions were appropriate, the only intervention I would have added was monitoring I&O which is important for all renal patients. FB

<b>Objective</b>																	
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
<b>Competencies:</b>	NA	NA	NA	S	S	S	S	N/A	S	S	NA						
a. Critique communication barriers among team members <b>(Preceptorship)</b>																	
b. Participate in QI, core measures, monitoring standards and documentation.	NA S	S	S	S	S	S	S	N/A	S	S	NA						
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	NA	S	S	S	S	S	N/A	S	S	NA						
d. Clarify roles & accountability of team members related to delegation. <b>(Preceptorship)</b>	NA	NA	NA	S	S	S	S	N/A	S	S	NA						
e. Determine the priority patient from assigned patient population. <b>(Preceptorship)</b>	NA	NA	NA	S	S	S	S	N/A	S	NA	NA						
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

**Comments:**

Week 2- Comments made per Quality Department preceptors: Satisfactory in all areas; Showed interest in information; did not complete one section of test; attentive but did not voice any response to questions. (3b)- Satisfactory via CDG posting related to clinical experience in the Quality Department. Keep up the great work. AR  
 Week 4 (3c)- Excellent discussion via CDG posting related to your Infusion Center clinical! AR

**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
<b>Competencies:</b>	S	S	S	S	S	S	S	N/A	S	S	NA						
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.	S	S	S	S	S	S	S	N/A	S	S	NA						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	S	S	S	S	S	U	S	N/A	S	S	NA						
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

**Comments:**

Week 7: Objective 4c: Given a “U” due to not calling the school to call off for clinical. Jadelyn, please remember to address your “U” for professionalism on your clinical tool next week. CP

Week 8: Objective 4c: Addressing the “U”: In the future, I will refer to my syllabus in order to correctly follow FRMCSN guidelines to call off from a clinical. I will spend 5 minutes reviewing my syllabus in order to better familiarize myself with the school’s policies. CP

Week 9 (4a)- Great participation during discussion regarding legal and ethical issues observed in the clinical setting. FB

**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
<b>Competencies:</b>	S	S	S	S	S	S	S	N/A	S	S	NA						
a. Reflect on your overall performance in the clinical area for the week.																	
b. Demonstrate initiative in seeking new learning opportunities.	S	S	S	S	S	S	S	N/A	S	S	NA						
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	S	S	S	S	S	S	S	N/A	S	S	NA						
d. Perform Standard Precautions.	S	S	S	S	S	S	S	N/A	S	S	NA						
e. Practice use of standardized EBP tools that support safety and quality.	S	S	S	S	S	S	S	N/A	S	S	NA						
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

**Comments:**

**Week 5 Objective 5a: Jadelyn, per your preceptor Stephanie on 2-2-2020 – Satisfactory in all areas. Preceptor Comments: “Cared for 2 patients; he did well and kept up on both patients; will take care of 3 patients tomorrow.” Per your preceptor Stephanie on 2-5-2020 – Satisfactory in all areas except Communication Skills, Professionalism, and Attendance (Excellent) and Collection/Documentation of Data (Needs Improvement). Preceptor Comments: “He took care of 3 patients for majority of day; he stays on task for first half of shift but then forgets to chart starting at 1600. Also be more aware of when meds are due; he still has great bedside manner and patient care.” Overall, nice job Jadelyn! CP**

**Week 6 Objective 5a: Jadelyn per your preceptor Stephanie on 2-12-20 – Excellent in all areas except Collection/Documentation of Data, Technical Skills, and Delegation (Satisfactory). Preceptor Comments: Student had opportunity to place condom cath and do dressing changes; observed infusion of platelets. CP**

**Week 7: Objective 5a: Jadelynn, per your preceptor Kara on 2-19-20 – Satisfactory in all areas except Technical skills, professionalism and attendance (Excellent). Preceptor Comments: Wonderful rapport with patients! Nice work! CP**

**Objective 5a: Jadelynn, per your preceptor Kara on 2-20-20 – Excellent in all areas except Knowledge base, Technical skills, Establishment of Plan of Care and Delegation (Satisfactory). Preceptor Comments: Great job; awesome team player and good with taking direction. Keep up the great work Jadelynn! CP**

**Week 9 (5c,e) Great participation during discussion regarding creating a culture of safety and using standardized EBP tools. FB**

**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
<b>Competencies:</b>	S	S	S	S	S	S	S	N/A	S	S	NA						
a. Establish collaborative partnerships with patients, families, and coworkers.	S	S	S	S	S	S	S	N/A	S	S	NA						
b. Teach patients and families based on readiness to learn and discharge learning needs.	S	S	S	S	S	S	S	N/A	S	S	NA						
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	S	S	S	S	S	S	S	N/A	S	S	NA						
d. Deliver effective and concise hand-off reports.	NA	NA	NA	S	S	S NI	S	N/A	S	S	NA						
e. Document interventions and medication administration correctly in the electronic medical record.	NA	NA	NA	S	S	S	S	N/A	S	S	NA						
f. Consistently and appropriately posts in clinical discussion groups.	S NI	S	S	S	S NI	S	NA	N/A	S	S	NA						
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

**Comments:**

Week 2 (6f)- You have received an NI for your CDG posting related to Quality Assurance/Core Measures due to not providing an in-text citation for each reference (see CDG grading rubric). The information you provided was accurate and satisfactory. AR

Week 3( 6c)- Comments per Patient Advocate/Discharge Planner preceptor: "Very attentive and interested in our process." AR (6f)- Satisfactory CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 4 (6c,f)- Excellent discussion related to your Infusion Center clinical. Keep up the great work! AR

Week 6 Objective 6f: Jadelynn, I changed your "S" to an "NI" due to not answering your discussion questions completely. Please be sure to answer your discussion questions completely each week. Please see my response to your week 6 discussion post. If you have any questions or concerns, do not hesitate to let me know. CP

Week 7 Objective 6d: Jadelynn, I changed your "S" to an "NI". You received a 34/40 on your Hand-off Report Competency. Your score must be a 36-40 to be successful. Per your preceptor Kara, "He did a good job he just missed a few things like pertinent labs and x-rays, and any medications the patient is receiving for their diagnosis. Otherwise he did just fine!" You will have an opportunity to complete the Hand-off Report competency during your 4C/4P clinical rotation to obtain at least a 36/40. Please let me know if you have any questions or concerns. CP

Week 9- objective 6d: You satisfactorily completed the Hand-off Report Competency with a score of 40/40. Per your faculty Fran Brennan “Jadelyn provided a very detailed hand off report including signs, symptoms, labs, nursing interventions, and current plan of care. He provided titration medication information and how that will affect future plan of care.” CP/FB

<b>Objective</b>																	
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
<b>Competencies:</b>	S	S	S	S	S	S	S	N/A	S	S	NA						
a. Value the need for continuous improvement in clinical practice based on evidence.	S	S	S	S	S	S	S	N/A	S	S	NA						
b. Accountable for investigating evidence-based practice to improve patient outcomes.	S	S	S	S	S	S	S	N/A	S	S	NA						
c. Comply with the FRMCSN “Student Code of Conduct Policy.”	S	S	S	S	S	S	S	N/A	S	S	NA						
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions.	S	S	S	S	S	S	S	N/A	S	S	NA						
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>FB</b>	<b>BSc</b>						

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
	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
Performance Codes:  S: Satisfactory  U: Unsatisfactory										
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:	Clinical Date:
Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue//modify/terminate (1) Signature (1)	Total Points Comments:
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 =  Comments:

\*End-of- Program Student Learning Outcomes

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

<b><u>vSim Evaluation</u></b>	<b>Rachael Heidebrink</b>	<b>Junetta Cooper</b>	<b>Mary Richards</b>	<b>Lloyd Bennett</b>	<b>Kenneth Bronson</b>	<b>Carl Shapiro</b>
Performance Codes: S: Satisfactory U: Unsatisfactory	S	S	S	U		
Evaluation	S	S	S	U		
Faculty Initials	CP	CP	FB	BSc		
<b>Remediation: Date/Evaluation/ Initials</b>	NA	NA	NA	3/23/2020 S BSc		

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Kasubienski, McDonald, Hoffman, Brown** OBSERVATION DATE/TIME: **2/26/20** SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT						OBSERVATION NOTES
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Team enters and identifies patient, begins assessment, VS, asks about pain. Patient CO feeling sick, tired, scared. Patient placed on monitor. Team notices HR low. Team notices rhythm change.</p> <p>Team enters, introduces self, identifies patient, establishes orientation. Patient CO SOB, palpitations. Notices HR of 153 and irregular.</p>
<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       A       <b>D</b>       B</li> </ul>						<p>Rhythm interpreted to be out of normal range. Rhythm change noted, team discussion, interpreted to be 3<sup>rd</sup> degree heart block. With prompting, rhythm interpreted to be A-fib. Crackles interpreted following fluid bolus (EF noted to be 40%). Team enters, notices patient unresponsive, no pulse. Noted to be in V-tach.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       <b>A</b>       D       B</li> <li>• Clear Communication:       E       A       <b>D</b>       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       <b>A</b>       D       B</li> <li>• Being Skillful:           E       A       <b>D</b>       B</li> </ul>						<p>O2 applied in response to falling SpO2. Call to physician with report and to request atropine, provides suggested dose. Order received and read back. Atropine prepared and administered after patient identified. 2<sup>nd</sup> dose administered. Team applies patches in preparation for synchronized cardioversion. Call to physician, reporting low HR, BP. Team suggests synchronized cardioversion as treatment (transcutaneous pacing would be correct).</p> <p>Monitor applied when patient CO palpitations. O2 applied. Call to physician with report (remember to determine rhythm prior to calling) of A-fib and to request orders. Team suggests amiodarone, then Cardizem, works together to calculate dose. Bolus and drip calculated and suggested. Orders received and read back. Bolus prepared and administered correctly. Cardizem mixture discussed and drip initiated. Fast patched applied, cardioversion suggested. Call to physician to report symptoms, low BP. Fluid bolus suggested, order received and read back. Compressions began, patches applied, ambu bag. (Remember to call a code). Defibrillator charged, epinephrine prepared and administered (Q 3 min.), shock delivered.</p>
<p><b>REFLECTING: (6)*</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>Team reflects on the progression of rhythms (symptomatic bradycardias) as scenario progressed (bradycardia-2<sup>nd</sup> degree block-3<sup>rd</sup> degree block). When atropine did not work and rhythm progressed, HR and BP continued to drop. At this point, transcutaneous pacing is the preferred treatment. Discussed need to check BP before and after atropine administration. Discussion and demonstration of transcutaneous pacing,</p>

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	<p>need for pain medication. Discussed prioritization of care.</p> <p>Team discussed recognition of A-fib on monitor and treatments for A-fib with RVR (Cardizem to decrease ventricular response [so it has time to fill], synchronized cardioversion. Also discussed the need to be aware of history of HF and reduced EF when administering a fluid bolus.</p> <p>Discussion of code-blue scenario. Importance of calling the code, initiating CPR immediately, and rapid defibrillation. Also giving epi every 3 minutes and the importance of the recorder recording times, shocks, etc. Discusses probable reason for v-tach (K+ 2.8).</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>Good job, you are satisfactory for this simulation!</b></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