

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
a. Manage complex patient care situations with evidence of preparation and organization.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
d. Evaluate patient's response to nursing interventions.	NA	NA	NA S	S	S	NA	S	N/A	S	S	NA						
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	NA	NA	NA	NA		N/A	S	S	NA						
f. Administer medications observing the six rights of medication administration.	NA	NA	NA	S	S	NA	NA	N/A	S	S	NA						
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	NA S	S	S	NA	S	N/A	S	NA	NA						
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BSc						
onClinical	QC	DH	IC PD	prec ceptor ship	prec ceptor ship	NA	Prec ceptor ship/ CD			ICU							

Comments:

Week 3 (1g)- Satisfactory with IV skills during your Digestive Health clinical experience. Keep up the great work! AR

Week 4 (1d)- Satisfactory discussion via CDG posting related to Infusion Center clinical experience. (1g)- Per Infusion Center preceptor: Excellent in all areas.

Preceptor comments: Successful IV starts x 2 – Yay! AR

Week 7-Precept Thursday and Friday 7p-7a

Week 9 (1a)- Great job managing care of a complex ICU patient. (1f)- Great job with medication administration including IVP, IVPB, and titrating medications. FB

*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	NA	S	N/A	S	S	NA						
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. CC (noticing, interpreting, responding)										NI/S							
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	NA	N/A	N/A	NA	NA												
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)						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	NA												
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	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 (2a) You provided a great description of what occurred with your patient including labs, medications and physician involvement. Nursing interventions are not provided giving a rationale, therefore this competency was changed to a NI. Think of why the patient became septic and what interventions you perform to assist in recovery from sepsis. FB

*End-of- Program Student Learning Outcomes

Week 9 (2a)- Sarah, Thank you for adding to your pathophysiology CDG. You did a great job including all appropriate interventions. There are a couple of interventions I would have added including administer antibiotics as ordered to assist with the healing of infection that is present, and monitor labs especially WBC for signs of improvement or worsening progression of infection. FB

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

Comments:

Week 2- Comments per Quality Department preceptors: Satisfactory in all areas; showed interest in info provided. (3b,c)- Satisfactory CDG posting related to Quality Department clinical experiences. AR

Week 4 (3c)- Satisfactory CDG posting related to your Infusion Center clinical experience. Great job. 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)*
NA

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	NA	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.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	S	S	S	S	S	NA	S	N/A	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BSc						

Comments:

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
Competencies:	S	S	S	S	S	NA	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.	NA	S	NA	S	S	NA	S	N/A	S	S	NA						
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	NA	S	S	S	S	NA	S	N/A	S	S	NA						
d. Perform Standard Precautions.	NA	S	S	S	S	NA	S	N/A	S	S	NA						
e. Practice use of standardized EBP tools that support safety and quality.	NA	S	S	S	S	NA	S	N/A	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BSc						

Comments:

Week 5 Objective 5a: Sarah per your preceptor Marisa on 2-3-20 – Satisfactory in all areas except Collection/Documentation of Data, Professionalism and Attendance (Excellent). Preceptor Comments: “Great bedside manner.” Nice work Sarah! CP Per your preceptor Marisa on 2-4-20 – Excellent in all areas except Knowledge Base, Technical Skills, and Delegation (Satisfactory). Keep up the great work Sarah! CP

Week 6 Objective 5a: Sarah, per your preceptor Marisa on 2-10-20 – Excellent in all areas except Knowledge Base, Technical Skill, and Delegation (Satisfactory). Keep up the great work Sarah! CP

Per your preceptor Marisa on 2-11-20 – Excellent in all areas except Knowledge Base, Technical Skill, and Delegation (Satisfactory). Preceptor Comments: “Very efficient with charting; continue prioritizing time management.” CP

Objective 5a: Sara per your preceptor Marisa on 2-20-20 – Excellent in all areas except delegation (Satisfactory). Per your preceptor Marisa on 2-21-20 – Excellent in all areas. Preceptor Comments: Sarah did a great job; I would be happy to work with her any day! Excellent job! 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
Competencies:	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
a. Establish collaborative partnerships with patients, families, and coworkers.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
b. Teach patients and families based on readiness to learn and discharge learning needs.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	NA	NA	NA S	S	S	NA	S	N/A	S	S	NA						
d. Deliver effective and concise hand-off reports.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
e. Document interventions and medication administration correctly in the electronic medical record.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
f. Consistently and appropriately posts in clinical discussion groups.	S	NA	S NI	S	S	NA	S	N/A	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BSc						

Comments:

Week 2 (6f)- Satisfactory CDG posting related to the Quality Department clinical this week. Keep up the great work! AR

Week 4 (6c)- Satisfactory discussion via CDG posting related to your Infusion Center and Patient Advocate/Discharge Planner clinical experiences. Great job. (6f)- Although your CDG postings were accurate and thorough, you did not provide the reference for your in-text citation for the Infusion Center posting. Please refer to the CDG Grading Rubric. AR

I didn't copy all the way to the bottom of my page and didn't capture the reference. It won't happen again because I now know how to copy the entire document at one time. CP

Week 8 Objective 6d: Sarah, you successfully completed the Hand-off Report Competency with a score of 40/40. Nice job! CP

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	NA	S	N/A	S	S	NA						
a. Value the need for continuous improvement in clinical practice based on evidence.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	NA	NA	S	S	NA	S	N/A	S	S	NA						
c. Comply with the FRMCSN "Student Code of Conduct Policy."	S	S	S	S	S	NA	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	NA	S	N/A	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BSc						

Comments:

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes **Central Line Dressing Change:** Satisfactory central line dressing change using proper technique, as well as line flushing. FB

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: Satisfactory participation in the practice of IV push medication administration. FB

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)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	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

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Weatherwax, Lynch, Lewis** 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, begins assessment. VS, monitor applied. Low HR noted. Patient CO being tired. Change noted on monitor. Team noticed HR and BP dropping following atropine. Patient vomits. Another rhythm change noticed.</p> <p>Team enters and asks about symptoms, attached monitor, begins assessment. Identifies patient. Patient CO dizziness. Following bolus, patient coughing and SOB.</p> <p>Team enters and notices unresponsive patient. Attaches monitor.</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>SpO2 noted to be low. Rhythm noted to be changing, interprets it to be a heart block. New change interpreted to be ST elevation, after discussion it is actually another heart block, changing from a 2nd degree type 2 to a complete heart block, 3rd degree.</p> <p>A-fib interpreted on monitor. Coughing and SOB interpreted to be fluid overload. Team notes patient history of CHF and EF 40% (good job).</p> <p>Torsades noted (V-tach).</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>Patient placed on monitor. O2 applied. Call to physician with report, suggests labs be drawn. Team discusses that atropine may be needed to raise HR. Call to physician, suggests atropine and dose. Order received (remember to read back orders). Atropine prepared and administered correctly. Fast patches applied to initiate transcutaneous pacing. Call to physician to report 3rd degree block with a suggestion to transcutaneous pace.</p> <p>Call to physician to report a-fib and suggest orders (Cardizem). Cardizem bolus and drip prepared correctly and administered. Call to physician to request amiodarone and a heparin drip. BP dropping, patient CO SOB and dizziness. Reasons for BP drop discussed. Cardioversion suggested. Fluid bolus suggested, 300 ml. Order received. Fluid bolus administered.</p> <p>Fast patches applied. No pulse noted, CPR initiated, airway managed, code blue called. EPI administered q 3 minutes (time noted). Defibrillator charged, clear, shock delivered, CPR. Amiodarone identified as another medication that could be utilized.</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 recognition of changing rhythms and how quickly they can progress. Various treatments for bradycardias and symptomatic bradycardias. (Atropine, epinephrine, dopamine are the drugs to treat. The other appropriate treatment would be to transcutaneous pace, which would cause some discomfort and would likely require pain control. Demonstration of transcutaneous pacing.</p> <p>Team discussed signs/symptoms of A-fib. Cardiac output goes down, atrial kick lost. Discussion about medications commonly given to treat. Team recognized patient's history of CHF and EF of 40% as being reasons for a conservative fluid bolus. Additional treatment for a-fib is synchronized cardioversion, which the team demonstrates. Discussed the potential for clots to form in the heart, and heparin as a preventative measure.</p> <p>Team discussed code-blue scenario. Likely cause- K+ 2.8. Discussed importance of immediate CPR and defibrillation ASAP (and calling the code). Team did a good job of recognizing and responding. Also discussed the use of amiodarone in a code vs. as treatment for a-fib.</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