

**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		
<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	NA						
a. Manage complex patient care situations with evidence of preparation and organization.	S	NA	S	S	S	S	S	NA	S	S	NA						
b. Assess comprehensively as indicated by patient needs and circumstances.	S	NA	S	S	S	S	S	NA	S	S	NA						
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	NA						
d. Evaluate patient's response to nursing interventions.	S	S	S	S	S	S	S	NA	S	S	NA						
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	S	S	S	S	S	NA	S	S	NA						
f. Administer medications observing the six rights of medication administration.	S	NA	S	S	S	S	S	NA	S	S	NA						
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	S	NA	S	NA	S	S	S	NA	S	S	NA						
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	S	NA	S	S	S	S	S	NA	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>BSc</b>	<b>FB</b>						
onClinical	IS	QC	DH & ER	4P	4N	4N	4N	NA		4P	NA						

**Comments:**

Week 2: Infusion Center preceptor- – Excellent in all areas. Preceptor Comments: Port accessed, lab, blood administration; jumped in and learned (eager to learn). (1d)- Excellent discussion via CDG posting related to Infusion Center clinical. AR

Week 4 (1g)- Satisfactory IV skills during your Digestive Health and Emergency Department clinical experiences. Keep up the great work! AR

\*End-of- Program Student Learning Outcomes

Week 9-1(e) Great job taking an EKG for the first time on your patient this week in clinical. You also did a great job interpreting the QTc in order to determine whether it was appropriate or not to administer the patient's sotalol. Keep up the great work! BSc

Week 9-1(f) Unfortunately, this competency has been changed to a "U" because you did not observe the six rights of medication administration on Tuesday during your medication pass. The patient was ordered a total of 15mLs of liquid guaifenesin PO. This required two UDCs of guaifenesin to be pulled from the Pyxis in order to administer 15mLs total, and you only removed one UDC. It was clear that you did not check your medications thoroughly at the bedside either, because it was not until after you had administered all your medications and the patient refused the guaifenesin that the mistake was noticed. We went to return the medication to the Pyxis together and at this time I discovered what had happened. Thankfully, the patient refused the medication because if not this would have been a medication error. We discussed this concern in clinical, but it is important that you are observing the six rights of medication administration at all times. You must ensure that when you are scanning the medications that you are actually looking at the dose on the medication itself to ensure it is correct. We cannot just trust technology. The BMV is there to assist in safe medication administration, but this does not take away the need to actually look at the medication wrappers themselves after scanning and before opening. Additionally, when you went to flush your patient's IV before administering IV Potassium, you neglected to scrub the hub for 15 seconds before attaching the saline flush. This is very concerning in that you could have potentially put the patient at a high risk for infection if you would have injected the flush before I stopped you. I understand you may have been a little shaken up from your situation that occurred with your badge that morning. However, it is important that your mind is in the right place at all times when taking care of your patients. If you need to step away for a minute, take a couple deep breaths, or practice another form of some kind of relaxation technique to help you get your mind in the right place then take the time to do so. As a nurse, it is important to be completely focused and fully present at all times for your patients. You did an excellent job with your medication administration on Wednesday, and you were sure to practice all the six rights of medication administration. Please remember a "U" in a competency must be addressed in writing by the student. The response must include how the competency has been or will be met at a satisfactory level. BSc

Week 10- 1(f) Last week I received a U due to neglecting to observe my six rights of medication during the administration of guaifenesin, and almost gave a patient 10mL instead of 15mL. Thankfully, the patient refused this medication and therefore the medication error did not take place. However, this does not excuse the carelessness associated with this mistake. Additionally, I neglected to scrub the hub with an alcohol wipe prior to administering a saline flush, causing for Brittany to need to obtain another flush for me. This was a great mistake because if I would have administered this flush this would've put the patient at risk for infection. I do believe that I rectified myself on Wednesday with practicing my six rights of medication and helping the RN ensure patency of the IV before going to get the blood from blood bank. Due to not having clinical this week, I was unable to prove myself satisfactory for this competency. However, I will ensure that my mind is in the right place when caring for a patient, and if I have a situation that puts me under stress that could alter my thinking, I will ask to step away so that I can collect my thoughts. I have reviewed the six rights of medication and have learned from this experience and will ensure that I check myself with every medication for here and going forward. I will also remember to scrub the hub each time before administering any sort of fluid or medication into an IV, even if I simply walked away from it for a moment. With all of these actions kept in mind and completed in the future, I will become satisfactory in this competency. **This sounds like a great plan of action. No matter how stressed and rushed you might feel, medication administration is very important. Take your time and make sure to follow all the appropriate steps to ensure the safety of your patients, they are depending on you to do so!** FB

**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>	NA	N/A	S NI	S													
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding)</b>	NA	N/A	S NI	S													
b. Monitor for potential risks and anticipate possible early complications. <b>CC (noticing, interpreting, responding)</b>	NA	N/A	S	NA													
c. Recognize changes in patient status and take appropriate action. <b>(noticing, interpreting, responding)</b>	NA	N/A	S	NA													
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding, reflecting)</b>	NA	N/A	NA	NA													
e. Development of clinical judgment in high-fidelity simulation scenarios. <b>(Noticing, Interpreting, Responding, Reflecting)</b>						NA	S	NA	S								
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. <b>CC (noticing, interpreting, responding)</b>	NA	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>BSc</b>	<b>FB</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 9-2(a) Courtney, your pathophysiology is very detailed and I can tell that you spent a lot of time on this assignment. You did a great job overall, however, there is a little bit of pertinent information missing in some areas. Looking at your diagnostic testing, you did an excellent job listing all the diagnostic tests that were performed on your patient. However, can you give more detail as to why these tests were performed for a patient with sepsis and what the tests can tell us specifically? You did a

\*End-of- Program Student Learning Outcomes

great job explaining the results for all the tests for your patient, but what results would we expect to see in a patient with sepsis even if it's not what your patient's results showed? For the labs, again, you did a great job listing all pertinent labs that were taken on your patient. However, instead of saying "caused by sepsis" for some of your rationales, you need to actually explain what is happening in the body due to the diagnosis of sepsis that is causing this lab value to be what it is. Lastly, you did an excellent job explaining the pathophysiology of sepsis, as well as listing the signs and symptoms and nursing interventions. However, you did not explain if the patient had any pertinent medical history that correlated to the diagnosis of sepsis. If so, what is the history and how does it correlate to the diagnosis of sepsis? This missing information will need to be provided in order to become satisfactory in this competency. BSc

Week 9-2(a) I have added the information that you requested in my pathophysiology assignment and believe that I am now satisfactory in this competency.

Week 10-2(a) Courtney, you did an excellent job with your revisions to your pathophysiology. You satisfactorily discussed and correlated the patient's current diagnosis with all her related labs, diagnostic tests, medications, and past medical history. You also did a great job providing a rationale for each lab, test, and medication. BSc/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	NA	S	NA	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	NA	S	S	NA						
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	S	S	S	S	S	S	S	NA	S	S	NA						
d. Clarify roles & accountability of team members related to delegation. ( <b>Preceptorship</b> )	NA	NA	NA	S	S	S	S	NA	S	NA	NA						
e. Determine the priority patient from assigned patient population. ( <b>Preceptorship</b> )	NA	NA	NA	S	S	S	S	NA	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>BSc</b>	<b>FB</b>						

**Comments:**

Week 2 (3c)- Excellent discussion via CDG posting for Infusion Center clinical. Keep up the great work! AR

Week 3 (3b)- Satisfactory discussion via CDG posting related to your Quality Department clinical experience. AR

Week 9-3(c) Courtney, 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
<b>Competencies:</b>	S	S	S	S	S	S	S	NA	S	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.	S	NA	S	S	S	S	S	NA	S	S	S						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	S	S	S	S	S	S	S	NA	S	S	S						
<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>BSc</b>	<b>FB</b>						

**Comments:**

Week 9-4(a) Excellent job participating in our debriefing session in which we discussed this competency. 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
<b>Competencies:</b>	S	S	S	S	S	S	S	NA	S	S	S						
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	NA	S	S NI	NA						
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	S	S	S	S	S	S	S	NA	S	S	NA						
d. Perform Standard Precautions.	S	S	S	S	S	S	S	NA	S	S	NA						
e. Practice use of standardized EBP tools that support safety and quality.	S	S	S	S	S	S	S	NA	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>BSc</b>	<b>FB</b>						

**Comments:**

**Week 5 Objective 5a: Courtney, per your preceptor Stacia on 2-4-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: “Great first day for last minute switch in location; she was very involved in patient care and ready to learn.” Keep up the great work Courtney! CP**

**Week 6 Objective 5a: Courtney per your preceptor Jessica on 2-10-20 – Satisfactory in all areas except Technical Skills, Professionalism, and Attendance (Excellent). Preceptor comments: Courtney is very knowledgeable and confident in her skills; she is a pleasure to work with. Nice work Courtney! CP Per your preceptor Jessica on 2-12-20 – Satisfactory in all areas except Collection/Documentation of Data (Excellent). CP**

**Week 7 Objective 5a: Courtney per your preceptor Jessica on 2-18-20 – Satisfactory in all areas except Attendance (Excellent).**

**Objective 5a: Courtney per your preceptor Jessica on 2-19-20 – Satisfactory in all areas except Communication skills, delegation, professionalism, and attendance (Excellent). Student Self-Goals: Flushing infusaports, inserting a foley catheter on a male; managing I’s and O’s more thoroughly, monitoring a PCA. CP**

**Per your preceptor Jessica on 2-25-20 – Excellent in all areas. Preceptor Comments: Courtney was a pleasure to precept. Eager to learn and will be a wonderful nurse! Nice job Courtney! CP**

Week 9-5(b) Courtney, unfortunately this week in clinical I felt as if you lacked initiative at times when it came to caring for your patient. I felt as if I had to frequently tell you to complete nursing interventions rather than you taking the initiative yourself (bathing, oral care, turning, wound care, etc.). There was a lot going on with your patient, and she needed a lot of nursing care. As nurses, it is our job to provide all the care the patient needs that they can’t do for themselves. It is important to remember that although interventions such as bathing and turning can be delegated to a patient care tech, this is the primary responsibility of the nurse. It is a privilege to have patient care techs to assist you when you have numerous patients and are overwhelmed with other tasks. There is no reason when you are caring for one patient in

\*End-of- Program Student Learning Outcomes

clinical that you should not be able to complete those interventions consistently and in a timely manner. You did an excellent job taking the initiative when it came to observing the nurse while she administered blood, and I hope you learned a lot from that experience. You are very knowledgeable, and you're going to be a great nurse. Going forward, be sure to demonstrate more initiative when appropriate when it comes to basic nursing care. BSc

Week 9-5(c,e) Excellent job participating in our debriefing session in which we discussed this competency. BSc

Week 10-5(b) Last week I received an NI for not taking enough initiative towards my patient. While I attribute this to not being comfortable on that particular floor, it does not excuse any lack of initiative. I will overcome this by being more mindful of what I am doing and actively seeking help when I need to. I believe my initiative drastically improved on Wednesday. Due to not having clinical this week I was unable to prove myself satisfactory in this competency. With my actions in mind and being for diligent going forward, I will be satisfactory in this competency. **There are always going to be days of feeling uncomfortable in particular situations, but first and foremost the care of patients does not change. It will be your responsibility to provide the best care to each and everyone of the patients under your care. Think of each patient as a family member and the expectations you have for someone caring for them. Those are the expectations of you when caring for patients. Always give it 100%. FB**

<b>Objective</b>																	
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	NA	S	S	NA						
a. Establish collaborative partnerships with patients, families, and coworkers.	S	S	S	S	S	S	S	NA	S	S	NA						
b. Teach patients and families based on readiness to learn and discharge learning needs.	S	NA	S	S	S	S	S	NA	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	NA	S	S	NA						
d. Deliver effective and concise hand-off reports.	NA	NA	S	S	S	S	S	NA	S	S	NA						
e. Document interventions and medication administration correctly in the electronic medical record.	S	NA	S	S	S	S	S	NA	S	S	NA						

\*End-of- Program Student Learning Outcomes

f. Consistently and appropriately posts in clinical discussion groups.	S	S	S	S	S	S	S	NA	S	S	S						
<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>BSc</b>	<b>fb</b>						

**Comments:**

Week 2 (6c,f)- Excellent discussion via CDG posting related to the Infusion Center clinical. Keep up the great work! AR

Week 3 (6f)- Satisfactory CDG posting related to your Quality Department clinical experience. Keep up the good work! AR

Week 4 (6b,c,f)- Satisfactory CDG posting related to your Emergency Department clinical experience. Keep up the great work! AR

Week 7: Objective 6d: Courtney you successfully completed the Hand-off Report Competency with a score of 40/40. Per your preceptor Jessica: Courtney was very knowledgeable about patient and did a wonderful job giving report to oncoming shift. Nice job Courtney! CP

Week 9-6(e) Courtney, you did an excellent 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) This competency will become an “S” once I receive your revisions for the pathophysiology. BSc

Week 9-6(f) I have added the information that you requested in my pathophysiology assignment and believe that I am now satisfactory in this competency. Thank you! FB

**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
<b>Competencies:</b>	S	S	S	S	S	S	S	NA	S	S	NA						
a. Value the need for continuous improvement in clinical practice based on evidence.																	
b. Accountable for investigating evidence-based practice to improve patient outcomes.	S	S	S	S	S	S	S	NA	S	S	NA						
c. Comply with the FRMCSN “Student Code of Conduct Policy.”	S	S	S	S	S	S	S	NA	S	S	NA						

\*End-of- Program Student Learning Outcomes

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	NA	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>BSc</b>	<b>FB</b>						

**Comments:**

Skills Lab Evaluation Tool  
AMSN  
2020

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

**\*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)*	
<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						
Evaluation	S	S	S	S		
Faculty Initials	CP	CP	BSc	FB		
<b>Remediation: Date/Evaluation/ Initials</b>	NA	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

<b>CLINICAL JUDGMENT</b> <b>COMPONENTS NOTICING: (1, 2, 5)*</b>	<b>OBSERVATION NOTES</b>
<ul style="list-style-type: none"> <li>• Focused Observation:            <b>E</b>        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:            <b>E</b>        A        D        B</li> <li>• Information Seeking:            E        <b>A</b>        D        B</li> </ul>	<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>
<b>INTERPRETING: (2, 4)*</b> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        <b>A</b>        D        B</li> <li>• Making Sense of Data:            <b>E</b>        A        D        B</li> </ul>	<p>Rhythm interpreted to be 2<sup>nd</sup> 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>
<b>RESPONDING: (1, 2, 3, 5)*</b> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:            <b>E</b>        A        D        B</li> <li>• Clear Communication:            <b>E</b>        A        D        B</li> <li>• Well-Planned Intervention/ Flexibility:            E        <b>A</b>        D        B</li> <li>• Being Skillful:            E        <b>A</b>        D        B</li> </ul>	<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><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 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 2<sup>nd</sup> degree mobitz 2 heart block, finally to 3<sup>rd</sup> 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><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>You are satisfactory for this simulation, good job!</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