EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Carolyn Lynch

Semester: Spring

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Carmen Patterson, MSN, RN; Brian Seitz, MSN, RN
Teaching Assistant: Brittany Schuster, BSN, RN

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

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)
02/14/2020	2	2 hours missed clinical time due to incomplete vSim®	02/17/2020
03/20/2020	2 hours	Did not complete Lloyd Bennett vSim on time	03/23/2020 BSc

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: a. Manage complex patient care situations with evidence of preparation and organization.	NA	NA	NA	S	S	S	S	N/A	**S**	S	NA	S					
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	S	S	S	S	S	S	N/A	**S**	S	NA	S					
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	S	S	S	S	S	S	N/A	**S**	S	NA	S					
d. Evaluate patient's response to nursing interventions.	NA	S	S	S	S	S	S	N/A	**S**	S	NA	S					
e. Interpret cardiac rhythm; determine rate and measurements	NA	S	NA	NA	NA	S	S	N/A	**S**	S	NA	NA					
f. Administer medications observing the six rights of medication administration.	NA	NA	NA	S	S	S	S	N/A	**S**	S	NA	S					
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	NA	S	S	S	S	N/A	**S**	~~S~~ NA	NA	NA					
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	NA	NA	S	S	S	S	N/A	**S**	S	NA	NA					
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**FB**	**BSc**	**BSc**					
onClinical Q.Assurance/Core	DH CD	PD	4P	4P	4P	IC			CC								

Comments:

*End-of- Program Student Learning Outcomes

Week 3 (1b)- You did an excellent job describing your experience in Cardiac Diagnostics, via the CDG posting. (1g)- Satisfactory with IV skills during your Digestive Health clinical experience. Keep up the great work! AR

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, IVP, and titrating medications. FB

Week 11-1(a,b,c,d,f) Carolyn, you proved that you are satisfactory with managing complex patient care situations with evidence of preparation and organization based on your performance with your virtual clinical respiratory patient in the unfolding case study. Your critical thinking and clinical judgment proved your ability to assess comprehensively as indicated by the patient needs and circumstances throughout the case study, as well as evaluate your patient's response to the nursing interventions. You also showed respect for both the patient and the family's perspectives and values by identifying how the patient was feeling, as well as identifying teaching and learning needs for both the patient and his family. Satisfactory medication administration with virtual case study. You did an excellent job identifying the relationship of your patient's past medical history with his current medications. You also did a great job correctly identifying the pharmacologic classification of each medication, as well as the expected outcome. Keep up all your great work! BSc

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **CC** **(noticing, interpreting, responding)**	NA	S	S	S	S	S	S	N/A	**S**	S	NA	~~S~~ NI/S					
b. Monitor for potential risks and anticipate possible early complications. **CC (noticing, interpreting, responding)**	NA	S	S	S	S	S	S	N/A	**S**	S	NA	S					
c. Recognize changes in patient status and take appropriate action. **(noticing, interpreting, responding)**	NA	NA	S	S	S	S	S	N/A	**S**	S	NA	S					
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. **CC (noticing, interpreting, responding, reflecting)**	NA	NA	NA	NA	NA	NA	NA	N/A	**N/A**	NA	NA	NA					

*End-of- Program Student Learning Outcomes

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	NA	NA	NA	NA	NA	NA	N/A	**N/A**	S	NA	~~S~~ NA				
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**FB**	**BSc**	**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 (2f)- Carolyn, Great job with ABCDEF bundle CDG. You did a great job applying all the tools of the bundle with the patient. The use of any sedating medication can cause delirium in a patient, which can than follow with a wide variety of medical issues. You did a great job using the bundle assessments to assist with clinical judgement skills. FB

Week 11-2(a) You are off to a great start with your pathophysiology CDG. You need to provide more detail related to how each lab, diagnostic test, and medication is related to the patient's diagnosis of pneumonia. You did a great job listing all the pertinent labs, diagnostic tests, and medications, but you need to explain why these would be performed for a patient with pneumonia, and what result is expected for a patient with pneumonia, even if it is not the result you patient actually had. For the patient's home medications, please provide more detail related to why the patient takes each of the medications, rather than just providing the classification. Your pathophysiology explanation for respiratory failure was nicely done, but you need to include the pathophysiology for pneumonia as well. The patient's diagnosis of pneumonia led to respiratory failure. Lastly, you did a great job explaining how some of the patient's pertinent past medical history correlated with his diagnosis of pneumonia, but you did not include his history of DM-Type 2. How does DM-Type 2 correlate with a diagnosis of pneumonia? Please make these revisions to become satisfactory. If you have any questions, please do not hesitate to reach out. BSc Week 11-2(a) Satisfactory revisions to pathophysiology. Great job! BSc

Week 11-2(b,c) Carolyn, you proved that you were satisfactory with monitoring for potential risks and anticipating possible early complications, as well as recognizing changes in patient status and taking appropriate action with your virtual clinical experience. Specifically, you anticipated that the patient could possibly be going into respiratory failure from a diagnosis of pneumonia, you then noticed and interpreted a change in all the patient's vital signs, lab values, and diagnostic testing correctly, and you responded by calling the physician to seek further treatment (intubation) for the patient. Great 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: a. Critique communication barriers among team members (**Preceptorship**)	NA	NA	S	S	S	S	S	N/A	**S**	S	NA	NA					
b. Participate in QI, core measures, monitoring standards and documentation.	S	NA	S	S	S	S	S	N/A	**S**	S	NA	S					
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	S	S	S	NA	NA	NA	S	N/A	**S**	S	NA	S					
d. Clarify roles & accountability of team members related to delegation. (**Preceptorship**)	NA	NA	NA	S	S	S	S	N/A	**S**	NA	NA	NA					
e. Determine the priority patient from assigned patient population. (**Preceptorship**)	NA	NA	NA	S	S	S	S	N/A	**S**	NA	NA	NA					
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**FB**	**BSc**	**BSc**					

Comments:

Week 2: Comments from Quality Department preceptors: Showed interest in info provided; actively engaged; satisfactory in all areas. (3b)- Satisfactory via CDG posting related to the Quality Assurance/Core Measures competency. AR

Week 11-3(b,c) Satisfactory documentation related to Pneumonia with virtual case study on your respiratory patient. Satisfactory participation in debriefing synchronous discussion in which we discussed strategies to achieve fiscal responsibility in clinical practice. Excellent job! BSc.

*End-of- Program Student Learning Outcomes

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting.	NA	NA	S	S	S	S	S	N/A	**S**	S	NA	NA					
b. Engage with patients and families to make autonomous decisions regarding healthcare.	NA	S	S	S	S	S	S	N/A	**S**	S	NA	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	S	S	S	S	S	S	S	N/A	**S**	S	NA	S					
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**FB**	**BSc**	**BSc**					

Comments:

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

*End-of- Program Student Learning Outcomes

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

Comments:

Week 5 Objective 5a: Carolyn per your preceptor Demi on 2-5-20 – Excellent in all areas except Delegation (Satisfactory). Preceptor Comments: "Carolyn is very inquisitive and interested in gather as much experience as she can." Keep up the great work Carolyn! CP

Week 6 Objective 5a: Per your preceptor Demi on 2-8-20 – Excellent in all areas except Collection/Documentation of Data (Satisfactory). Preceptor comments: Carolyn completed foley cath insertion and removal with great sterile technique. She also assisted with peritoneal dialysis exchange discharging a patient and assisted with dressing changes. Excellent job Carolyn! CP

Per your preceptor Demi on 2-9-20 – Excellent in all areas except Collection/Documentation of Data (Satisfactory). Preceptor comments: Carolyn managed one patient along with completing discharge, assisting with care throughout floor. CP

Per your preceptor Demi on 2-13-20 – Excellent in all areas. Preceptor Comments: Keep up the good work; Carolyn was able to observe a sheath pull at the bedside today. CP

Week 7 Objective 5a: Carolyn per your preceptor Demi on 2-14-20 – Excellent in all areas. Preceptor Comments: You are doing great managing care and medications on multiple patients. Per your preceptor Demi on 2-18-20 – Excellent in all areas. Preceptor comments: Great job managing patients! Per your preceptor Demi on 2-19-20 – Excellent in all areas. Keep up the great work Carolyn! CP

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

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (6f)- You have received an NI for your CDG posting due to missing in-text citations for references. Refer to CDG grading rubric. The information you provided in the post was satisfactory. AR

Week 3 (6f)- Satisfactory CDG posting related to Cardiac Diagnostics. You included both an in-text citation and reference (refer to the course syllabus for the correct formatting to reference your Lewis textbook). AR

Week 4- Per Patient Advocate/Discharge Planner preceptor: Excellent in all areas. (6c,f)- Satisfactory CDG posting related to your Patient Advocate/Discharge Planner clinical. Keep up the great work! AR

Week 6 Objective 6d: Carolyn, I changed your "NI" to an "S." You have satisfactorily completed the Hand-off Report Competency with a score of 40/40. Per your preceptor Demi, "great job keeping up with new orders!" Nice work Carolyn! CP

Week 7: Objective 6f: Carolyn, I changed your "S" to an "NI" because you did not have an in-text citation. Please remember to include a reference and an in-text citation in each clinical discussion post as appropriate. If you have any questions or concerns, please do not hesitate to let me know. CP

*End-of- Program Student Learning Outcomes

Week 11-6(a,b,c,d) Satisfactory participating in synchronous debriefing discussion in which we discussed all of these competencies. Additionally, you proved to be satisfactory in each of these competencies with virtual clinical experience as well. You collaborated with other members of the health care team, educated your patient and his family, and delivered effective and concise hand-off reports. Keep up all your great work! BSc

Week 11-6(e) Satisfactory documentation with virtual case study. BSc

Week 11-6(f) This competency will be graded as satisfactory when I receive your revisions for your pathophysiology. BSc Week 11-6(f) Satisfactory revisions made. BSc

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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: 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	S					
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	NA	S	S	S	S	S	N/A	**S**	S	NA	S					
c. Comply with the FRMCSN *"Student Code of Conduct Policy."*	S	S	S	S	S	S	S	N/A	**S**	S	NA	S					
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	S					
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**FB**	**BSc**	**BSc**					

Comments:

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2020

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U:Unsatisfactory	Lab Skills									
	(1,3,4,6)*IV Start	3,4,5,6)* Blood Admin./IV Pumps	DelegationPrioritization/	Critical Care Meditech Document *	3,4,5,6)*Physician Orders	(1,3,6,7)*Resuscitation	4,6)* Central Line/Blood Draw/Ports/IV Push	AssessmentHead 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
Evaluation:	S	S	S	S	S	S	S	U	S	S
Faculty Initials	AR/BS/ CP/BSc	FB	CP	FB	BS/BSc	AR	FB/CP	BSc	BS/BSc	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	1/10/20 S/AR	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

Nursing Care Plan Grading Tool
AMSN
2020

Student Name: Carolyn Lynch   **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:

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

vSim Evaluation

Performance Codes:

S: Satisfactory

U: Unsatisfactory

	(ology) Rachael Heidebrink	(cology) Junetta Cooper	(acology) Mary Richards	(Surgical) Lloyd Bennett	(gical) Kenneth Bronson	(macology) Carl Shapiro
	Date: **2/14/20**	**Date:** **2/28/20**	**Date:** **3/13/20**	**Date:** **3/20/20**	**Date:** **3/26/20**	**Date:** **4/9/20**
Evaluation	U	S	S	U	S	
Faculty Initials	CP	CP	FB	BSc	BSc	
Remediation: **Date/Evaluation/** **Initials**	02/17 S CP	N/A	NA	3/23/2020 S BSc	NA	

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Course
Objectives

*End-of- Program Student Learning Outcomes

Comments: Did not complete the post-quiz for the vSim® assignment due on 02/14/2020. CP

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Weatherwax, Lynch, Lewis OBSERVATION DATE/TIME: 2/26/20   SCENARIO #: Dysrhythmias

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					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.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from					
Expected Patterns:	**E**	A	D	B	Team enters and asks about symptoms, attached monitor, begins assessment. Identifies patient. Patient CO dizziness. Following bolus, patient coughing and SOB.
• Information Seeking:	**E**	A	D	B	
					Team enters and notices unresponsive patient. Attaches monitor.
INTERPRETING: (2, 4)*					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.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data: **E**	A	D	B		A-fib interpreted on monitor. Coughing and SOB interpreted to be fluid overload. Team notes patient history of CHF and EF 40% (good job).

*End-of- Program Student Learning Outcomes

					Torsades noted (V-tach).
RESPONDING: (1, 2, 3, 5)* • 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					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. 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. 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.
REFLECTING: (6)* • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B					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. 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. 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.

*End-of- Program Student Learning Outcomes

SUMMARY COMMENTS:	You are satisfactory for this simulation, good job!
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	

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:

*End-of- Program Student Learning Outcomes

Student eSignature & Date:

AR 12/20/19

*End-of- Program Student Learning Outcomes