EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Trevor Wright

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)

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	S	S	S	NA	NA	NA	NA	S	NA	NA	S	NA				
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	S	S	S	NA	NA S	NA	NA	S	NA	NA	S	NA				
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA S	NA				
d. Evaluate patient's response to nursing interventions.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	S	NA				
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	NA				
f. Administer medications observing the six rights of medication administration.	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	NA S	NA				
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	NA	NA				
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	NA	NA				
Faculty Initials	**CP**	**CP**	**CP**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BSc**					
onClinical	Prec ept	Prec ept	Prec ept	Prec ept/ QC		Infus ion/ cardi ac ad	SIM										

Comments:

Week 7- Preceptor comments for Cardiac Diagnostics clinical: Excellent in all areas. Trevor was very engaged and involved. Pacer Clinic/Levi-Stress/CV with pacer/ Cath lab. Preceptor comments for Infusion Center clinical: Excellent in all areas. Helpful, engaging, eager to learn. (1b)- Satisfactory Cardiac Diagnostics clinical and discussion via CDG posting. (1d)- Satisfactory Infusion Center clinical and discussion via CDG posting. AR

*End-of- Program Student Learning Outcomes

Week 11-1(a,b,c,d,f) Trevor, 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 ACS 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 her family. Satisfactory medication administration and cardiac rhythm interpretation with virtual case study. You did an excellent job identifying the relationship of your patient's past medical history with her 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	NA	NA	NA	NA	S	NA	NA	~~NA~~ S	NA				
b. Monitor for potential risks and anticipate possible early complications. **CC (noticing, interpreting, responding)**	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	~~NA~~ S	NA				
c. Recognize changes in patient status and take appropriate action. **(noticing, interpreting, responding)**	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	~~NA~~ S	NA				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. **CC (noticing, interpreting, responding, reflecting)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	~~S~~ U	S				
e. Development of clinical judgment in high-fidelity simulation scenarios. **(Noticing, Interpreting, Responding, Reflecting)**						NA	S	NA	S								
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. **CC (noticing, interpreting, responding)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				

*End-of- Program Student Learning Outcomes

Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	BSc					

Comments:

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

Week 8- 2e. See Clinical Simulation Rubric at the end of this document. AR

Week 11-2(a,b,c) Excellent job correlating relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills in your virtual clinical experience with your ACS patient. Additionally, 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. Specifically, you anticipated that the patient could possibly be experiencing AKI from her diagnosis of a STEMI, 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 for the patient. Great job! BSc

Week 11-2(d) Unsatisfactory care plan. Please see the Care Plan Rubric at the end of this document for my feedback. Revisions will need to be made. Remember to please address this "U" in the following week as well to avoid becoming unsatisfactory in this competency again. Please do not hesitate to reach out to me if you need assistance. BSc

Week 11 U: I will work on picking appropriate nursing diagnosis and really looking into the highest priority. I can work on this by looking up other nanda approved nursing diagnosis to build from.

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

Comments:

*End-of- Program Student Learning Outcomes

Week 5- Quality Department preceptor's comments: Showed interest in the topics presented; Needs Improvement in all areas. Trevor did not interject once; he did not answer any questions posed to the group. I did not single him out or ask him any specific questions. Not prepared as evidenced by lack of documentation on competency. Trevor- Please think about these comments and reply back during Week 6. (3b)- Satisfactory discussion via CDG posting. AR

Week 7 (3c)- Satisfactory discussion via CDG posting related to Infusion Center clinical. AR

Week 11-3(b,c) Satisfactory documentation related to a STEMI with virtual case study on your ACS 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	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA				
b. Engage with patients and families to make autonomous decisions regarding healthcare.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
Faculty Initials	**CP**	**CP**	**CP**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BSc**					

Comments:

*End-of- Program Student Learning Outcomes

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.	NA	S	S	~~S~~ NI	NA	S	NA	NA	S	NA	NA	S	NA				
b. Demonstrate initiative in seeking new learning opportunities.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	S	NA				
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
d. Perform Standard Precautions.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
e. Practice use of standardized EBP tools that support safety and quality.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	BSc					

Comments:

A) This past week on preceptorship I got to do many skills. I got to start an IV, hang primary/secondary lines, and program them in the IV pumps. I also got to go on another code blue and use my compression skills. All while improving my nurse to patient communication throughout the week. Overall I am very proud with what I accomplished and look forward to sharpening these skills even further.
Trevor, this is awesome! You should be very proud of yourself! I am so happy you have been able to perform so many skills! Keep up the great work! CP

C) An area of safety was when the nurse I was with gave a med. And we remained with the pt. to monitor the patients BP, to make sure the med did not effect it to much and without further interventions to reverse the effects of the med.

Week 3: Objective 5a: Trevor per your preceptor Zac on 1-18-20 – Excellent in all areas except Knowledge base and Establishment of Plan of Care (Satisfactory). Preceptor Comments: "Student did an excellent job; he started an IV on a patient with one stick; he answered call lights and seeks learning objectives." Per your preceptor Zac on 1-24-20 – Excellent in all areas except Knowledge base, Collection/documentation of data, and Establishment of plan of care (Satisfactory). Preceptor Comments: "Student placed his second IV today; he also did an admission this shift." Excellent job Trevor! Keep up the great work! CP

A) This past week I got to continue to do skills in IV starts/ hanging and starting IV fluids. As well as getting experience with a stage four pressure ulcer and doing the wound change with that. I also got to witness/ help put a patient on his peritoneal dialysis pt. I also got to continue with communication by calling pharmacy, and communicating with other nurses if I answered their patients call lights. Week 4: This is great Trevor! Keep up the great work! CP

C. An area of safety was with a new admit patient that was diagnosed with dizziness. He was not on fall precautions, but we made sure he called us for his first time going to the bathroom to determine his gait and how much assistance he needed. After that we determined he needed to be on fall precautions. Week 4: Nice job assessing your patients ability to safely ambulate and the amount of assistance needed! CP

*End-of- Program Student Learning Outcomes

A) The past week I got to continue my skills with IV starts. I have become very confident in how I start iv's and the success/ techniques that has gotten improved on since starting preceptorship.

C) For a new admit we needed meds. But we had to wait till give them till pharmacy approved them to make sure there was not any adverse reactions amongst meds. For Core measures really learned the importance of documenting everything/ doing my own assessments and how it is not only best for the patient but to potentially protect myself.

Week 4 Objective 5a: Per your preceptor Zac on 1-24-20 – Excellent in all areas except knowledge base (Satisfactory). Preceptor Comments: "Student started more IV's today; we worked on some admissions; he is doing well." Keep up the great work! CP Per your preceptor Zac on 1-29-20 – Excellent in all areas except Knowledge Base (Satisfactory). Preceptor Comments: "Today Trevor got to witness part of peritoneal dialysis; we also packed a stage 3 coccyx ulcer. I think he is doing very well." CP Per your preceptor Zac on 1-31-20 – Excellent in all areas except Knowledge Base (Satisfactory). Preceptor Comments: "Today we did a CBI, an IV, blood draws, attended a Falls meeting. I think Trevor had a great clinical; he will do well." Excellent work Trevor! CP

Week 5 (5a)- You have received an NI due to the comments made about lack of participation during one aspect of your Quality Department clinical experience. AR

Week 7 A) Overall the past week I went to the infusion center, patient advocate, and cardiac diagnostic. For the infusion center I did not get to do a lot with patients due to them training a new nurse. I primed two lines the whole day. Patient advocate was interesting getting to see that side of nursing and even the discharge planning and seeing how she assess the patients over the phone and educates them. Cardiac diagnostics was interesting getting to see a cardioversion and a chemical stress test. Then I got to sit down and look at scans with one of the nurses and really dig into stents, blockages, etc.

c) An area of safety is that I witnessed was a nurse take of the finger on one of her gloves. After she had already disinfected the skin for an IV and then touch it. I realized this as not safe practice and not something to do. AR

Week 11 Overall working on the case study I really got to dive in deeper for MI/ACs and some lab values to expect and what to do in that situation.

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

Comments:
Week 4: Objective 6d: Trevor, you satisfactorily completed your Hand-off Report Competency with a 40/40. Per your preceptor Zac, "Did a very good detailed report, the only thing I would change is going a little slower so the oncoming nurse has time to write info." Excellent work Trevor! CP
Week 5 (6f)- Satisfactory CDG postings related to preceptorship and Quality Department clinical experiences. Keep up the great work. AR
Week 7 (6c,f)- Satisfactory Patient Advocate/Discharge Planner clinical and discussion via CDG posting. All CDG postings this week were Satisfactory. Keep up the great work! AR

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

*End-of- Program Student Learning Outcomes

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 Care Plan. BSc

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.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
c. Comply with the FRMCSN *"Student Code of Conduct Policy."*	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	~~NA~~ S	NA				
Faculty Initials	**CP**	**CP**	**CP**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BSc**					

Comments:

*End-of- Program Student Learning Outcomes

11

Skills Lab Evaluation Tool
AMSN
2020

*End-of- Program Student Learning Outcomes

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	S	S	S
Faculty Initials	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives
Comments:
IV Start Lab: 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 administration/IV pump: 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/BS
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: Satisfactory central line dressing change using proper technique, as well as line flushing. FB
Ports/Blood Draw: 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: You are satisfactory for the head-to-toe assessment competency. Nice Job! BS
ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads, satisfactory participation in review of Chest Tube/Atrium tutorial. BS/BSc
ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Risk for impaired cardiovascular function r/t Chest pain
Student Name: Trevor Wright	**Clinical Date:** 3/24-3/25/2020
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points: 0 Comments: Trevor, unfortunately the nursing diagnosis you have currently chosen is not NANDA approved. Additionally, try to avoid using any "Risk for" nursing diagnoses. Thinking about what is going on with your patient, they have an active problem related to the cardiovascular system. There is no reason to use a "Risk for" nursing diagnosis. Use your Skyscape to assist you in finding a NANDA approved nursing diagnosis that is appropriate for your patient. I am happy to assist you if you need more help or further clarification. BSc

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 *End-of-Program Student Learning Outcomes 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = 0/22 Comments: Unsatisfactory Care Plan. Nursing diagnosis is not NANDA approved, and student used a "Risk for" diagnosis.

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

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	ogy)Rachael Heidebrink	acology)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	S	S	S	S	S	
Faculty Initials	AR	AR	AR	AR	BSc	
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	

* Course Objectives

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gump, A Smith, Wright   OBSERVATION DATE/TIME: 2/27/20   SCENARIO #: Dysrhythmias

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Team enters and identifies patient, establishes orientation. Patient CO dizziness, being tired. Begins assessment and applies monitor. Patient noted to be bradycardic. Patient kept informed of plan of care. SpO2 noted to be low. Good education for patient. BP re-evaluated following atropine. Rhythm change noticed.
• Focused Observation:	E	A	**D**	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	Team enters and identifies patient, attaches monitor and begins assignment. Notices elevated HR. A-fib explained to patient. Following Cardizem initiation, BP noted to be low, patient CO being very dizzy. Patient coughing and SOB.
INTERPRETING: (2, 4)*					Rhythm initially noted to be sinus bradycardia. Rhythm change interpreted to be 2nd degree type II heart block.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	A	**D**	B	Rhythm interpreted to be a-fib. SOB interpreted to be sign of fluid overload. Crackles noted in lungs.

Team enters and finds patient unresponsive. |
RESPONDING: (1, 2, 3, 5)*					O2 applied. Call to physician to give update and request medication to increase HR, suggests atropine, recommends correct dose. Atropine administered correctly. Fast patches applied. Call to physician to report rhythm change with suggestion to transcutaneous pace.
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	A	**D**	B	
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	Call to physician to report a-fib and palpitations, suggests amiodarone or diltiazem (good catch, this is a CCB but after 12 years this would be ok). Correct doses provided. Orders received and read back. Fast patches applied. Diltiazem (Cardizem) bolus prepared and administered correctly, drip initiated. Cardizem concentration discussed. Call to physician to report hypotension and patient complaints of palpitations and dizziness. Fluids suggested, physician asks how to administer. Bolus suggested. Order received and read back. Bolus administered. Fluids stopped. Call to physician, history reveals CHF and EF of 40%.
• Being Skillful: B		E	**A**	D	
					Code blue called. CPR initiated. 1 mg EPI, fast patches applied, defibrillator charged and shock delivered, resume CPR, defibrillator charged, shock delivered, EPI. Another drug used in this situation is amiodarone (300 mg bolus, 150 mg bolus, drip)

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REFLECTING: (6)*	Team discussion of the treatments for bradycardias and symptomatic bradycardias. Discussion on recognizing the differences between the various heart blocks. Discussion and demonstration of transcutaneous pacing and the need to control pain through the process, also the fact that this is often followed by placement of a trans-venous pacemaker until a decision is made to determine the need for a permanent one.
• Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Discussion of the recognition of a-fib with RVR and its effect on HR and cardiac output, as well as associated symptoms. Medications to treat a-fib were discussed, including Cardizem (diltiazem- to decrease ventricular rate) and amiodarone. If medications are unsuccessful, another option is to perform a synchronized cardioversion. Synchronized cardioversion demonstrated. The importance of sedation for this procedure discussed.
	Code blue scenario and priority of care discussed. Important to immediately; call code, CPR, attach pads and defibrillate, EPI (q 3 min). Another medication option is amiodarone. The importance of teamwork was also discussed.
SUMMARY COMMENTS: 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.**	**You are satisfactory for this simulation, good job!**

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