EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Zachary Schoen

Semester: ~~Spring~~

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty eSignature:

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

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)
02/26/2020	2 hours	Missed Simulation	02/26/2020 (2 hours)

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	NA	S	N/A	**S**	S	NA	S	S				
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	NA	S	S	S	NA	S	N/A	**S**	S	NA	S	S				
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	S	S	S	S	NA	S	N/A	**S**	S	NA	S	S				
d. Evaluate patient's response to nursing interventions.	NA	NA	NA	S	S	NA	S	N/A	**S**	S	NA	S	S				
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	NA	S	S	NA	S	N/A	**S**	S	NA	S	S				
f. Administer medications observing the six rights of medication administration.	NA	NA	NA	S	S	NA	S	N/A	**S**	S	NA	S	S				
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	NA	S	S	NA	NA	N/A	**S**	NA	NA	NA	NA				
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	NA	NA	S	S	NA	S	N/A	**S**	S	NA	NA	NA				
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**BS**	**BS**	**BS**	**BSc**				
onClinical	QC	DH	PD	Preceptorship	Preceptorship	NA	Preceptorship			4CIC	Corona	Virtual clinical	Virtual Clinical				

Comments:

Week 3 (1g)- Satisfactory during Digestive Health clinical experience. Keep up the good work! AR

Week 9- 1 a,b,c,d,e,f- Nice work this week assessing and caring for your mechanically ventilated patient. Good job also with medication administration. BS

*End-of- Program Student Learning Outcomes

Week 11- 1 a,b,d,f- In completing the virtual case study, you demonstrated patient assessment and management of care, as well as responding to changes in patient condition. Medications were also administered virtually, you provided classifications and indications for the medications administered. BS

Week 12-1(a,b,c,d,e,f) Zach, 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

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **CC (noticing, interpreting, responding)**	NA	NA	NA	NA	NA	NA	NA	N/A	**N/A**	S	NA	S	~~S~~ NI/S				
b. Monitor for potential risks and anticipate possible early complications. **CC (noticing, interpreting, responding)**	NA	NA	NA	NA	NA	NA	NA	N/A	**N/A**	S	NA	S	S				
c. Recognize changes in patient status and take appropriate action. **(noticing, interpreting, responding)**	NA	NA	NA	~~NA~~ S	~~NA~~ S	NA	S	N/A	**S**	S	NA	S	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**	~~S~~ NA	NA	S	~~S~~ NA				
e. Development of clinical judgment in high-fidelity simulation scenarios. **(Noticing, Interpreting, Responding, Reflecting)**						NA	~~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	NA	NA				
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**BS**	**BS**	**BS**	**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- Very nice job on your ABCDEF bundle. All components of the bundle were addressed to give an accurate depiction of your patient and his condition. BS

Week 11- 2 a,b,c,d- A satisfactory Care Plan was completed with appropriate nursing diagnosis and defining characteristics, goal and outcomes, nursing interventions, and evaluation. Nice job! BS

*End-of- Program Student Learning Outcomes

Week 12-2(a) You are off to a great start with your pathophysiology CDG. There is some pertinent information that is missing that will need to be added in order to become satisfactory for this competency. For labs, do you think it would be important to discuss how the patient's magnesium and sodium levels relate to a diagnosis of a STEMI? Even if the patient's values were within normal limits, these are still relevant labs that need to be discussed and the values given. Additionally, you did a great job discussing the rationale for obtaining the patient's troponin and BNP, but you did not provide the actual results. For diagnostic tests, do you think you need to include the patient's Echocardiogram? You touched briefly on the results, but you did not mention this as a diagnostic test or what the rationale for this test is. Again, explain how the test correlates to a diagnosis of a STEMI, what the tests can tell us, and what the actual results were for your patient. Please be more specific as to how the patient's symptoms correlate to a diagnosis of a STEMI, as well as the patient's past medical history. Lastly, you also omitted the pathophysiology of a STEMI as well. Please make these revisions to become satisfactory. If you have any questions, please do not hesitate to reach out. BSc **Week 12-2(a) Satisfactory revisions made to pathophysiology CDG. Great job! BSc**

Week 12-2(b,c) 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 the virtual clinical experience. 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

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

*End-of- Program Student Learning Outcomes

Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**BS**	**BS**	**BS**	**BSc**			

Comments:

Week 2- Comments from Quality Department preceptors: Showed interest in info provided; actively engaged; satisfactory in all areas. (3b)- Satisfactory discussion via CDG posting related to Quality Department clinical experience. Great job. AR

Week 11- 3c- Strategies to achieve fiscal responsibility in clinical practice were discussed during our synchronous online discussion. BS

Week 12-3(b) Satisfactory documentation related to a STEMI with virtual case study on your ACS patient. 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	NA	NA	NA	NA	N/A	**S**	S	NA	NA	NA				
b. Engage with patients and families to make autonomous decisions regarding healthcare.	NA	NA	NA	S	S	NA	S	N/A	**S**	S	NA	S	S				
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	S	S	S	S	S	NA	~~S~~ U	N/A	**S**	S	NA	S	S				
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**BS**	**BS**	**BS**	BSc				

Comments:

Week 8 Objective 4c: Zac, I changed your "S" to a "U" due to missing simulation and not following the accountability flowchart. Simulation hours were made up with the last simulation group for the day. Please remember to address this under week 9 of your clinical tool. If you have any questions or concerns, please do not hesitate to let me know. CP

I did not show up to the allotted time slot that I was scheduled for my simulation. In order to avoid this situation in the future, I will look over my time and dates more frequently and set a reminder in my calendar and cell phone reminders so I am extra insured.C

Week 9- 4a- Good participation during post-clinical discussion. BS

Week 11- 4b- Although we had a virtual experience this week, you illustrated on yout Care Plan the education you provided to your patient. BS

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

Comments:

Week 5 Objective 5a: Zac per your preceptor Kathleen Mulvin on 1-31-20 – Excellent in all areas. Preceptor Comments: He was awesome today; watched a cath/CV/Stress and ® Cath; very interested in the activity; stayed late. Excellent job Zac! CP Per your preceptor Ryan on 2-5-20 – Needs improvement in all areas except Communication skills, professionalism and attendance (Satisfactory). Preceptor Comments: "Did very well on first night; needs more time and experience building upon fundamentals including time management, delegation, learning medications, etc. Computer for documentation was down for 7 hours, performed well with written documentation; will need more computer time in future." Zac, if there is anything I can do to assist you, please do not hesitate to let me know. CP

Week 6 Objective 5a: Zac, per your preceptor Ryan on 2-7-20 – Satisfactory in all areas except Knowledge base, technical skills, establishment of plan of care, and delegation (Needs Improvement). Preceptor Comments: "Continue to improve in areas of communication, documenting, and report giving. Also continues to increase his knowledge base and recollection of medications given. Will need to improve on prioritizing time management and delegation in upcoming shifts. Did get to observe peritoneal dialysis and recovered a TR band successfully; also performance adequate on trach care for patient arm." Keep up the good work Zac. CP

Per your preceptor Ryan on 2-8-20 – Excellent in all areas except Collection/Documentation of Data (Satisfactory). Preceptor Comments: Successfully assumed 60% of care for 5 patients; continue to work on time management skills of care for 5 patients; continue to work on time management skills and charting; overall great day! Great work Zac! CP

Per your preceptor Ryan on 2-11-20 – Satisfactory in all areas except Collection/Documentation of Data (Needs Improvement). Preceptor Comments: Did very well with time management and priority of care; continues to communicate effectively answering phone calls and reporting off to fellow staff; has been

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steadily increasing his knowledge base and asking appropriate questions; performed successful blood draw off central line, adequate wound care and learned how to back prime a IV piggy back. Keep up the great work Zac! CP
Per your preceptor Ryan on 2-12-20 – Satisfactory in all areas except Technical Skills (Needs Improvement).
Preceptor Comments: Continue to improve upon and learn new skills. Successfully placed Foley catheter, performed dysphagia screen and back-primed piggy back IV. Zach received several phone calls tonight from multiple sources and communicated efficiently on each one. Time management continues to excel; doing really well overall! Excellent work Zac!! CP
Objective 5a: Zac, per your preceptor Ryan on 2-14-20 – Satisfactory in all areas except Communication skills, professionalism, and attendance (Excellent). Preceptor Comments: Continues to build upon and expand knowledge base with medications and procedures. Improving his ability to recall information given to him weeks ago; continues to excel with time management, communication, and documentation; steadily becoming more comfortable in the RN role. Excellent work Zac! CP
Per your preceptor Ryan on 2-22-20 – Excellent in all areas except knowledge base and technical skills (Satisfactory). Preceptor Comments: Excellent job, Zach! You are ready to go as an RN. Good luck and best wishes going forward in your career. Keep up the great work Zac! CP
Week 9- 5 a,c,e- Very good performance in the clinical setting. Nice job discussing factors that create a culture of safety during post-clinical discussion. BS
Week 11- 5 a,b,c- Per your completed Case Study it is clear that you spent considerable time and thought to "put all the pieces together" while caring for your virtual patient. BS

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to Quality Assurance/Core Measures clinical experience. Keep up the great work! AR

Week 4 (6c,f)- Satisfactory CDG posting related to Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 6 Objective 6f: Zach, Your discussion post was well done! I changed your "S" to a "U" due to not including an in text citation or reference for your discussion. Please remember to address this on your tool next week. If you have any questions, please do not hesitate to let me know. CP

I will make sure to add an in-text citation within my discussion posts from this point forward. CP

Week 8 Objective 6d: You successfully completed the Hand-off Report Competency with a score of 40/40. Per your preceptor Ryan, "Excellent job all-around. Performed professionally and is more than capable of transitioning to working as a full-time RN." Excellent work Zac! CP

Week 9- 6 a,b,c,e,f- Nice job interacting/collaborating/working with patient, family, fellow students, and staff members. Nice job also with documenting and great job on your CDG. BS

Week 11- 6 a,b,c,d- These competencies were all demonstrated by completing the virtual Case Study and participating in our synchronous discussion. Patient education was evidenced on your Care Plan. BS

*End-of- Program Student Learning Outcomes

Week 12-6(a,b,c,d) You proved to be satisfactory in each of these competencies with your virtual clinical experience this week. 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

Week 12-6(e) Satisfactory documentation with virtual case study. BSc

Week 12-6(f) This competency will be graded as satisfactory when I receive your revisions for your pathophysiology. BSc **Week 12-Satisfactory revisions made to pathophysiology CDG. 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	NA	S	S	S	NA	S	N/A	**S**	S	NA	S	S				
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	NA	NA	NA	NA	NA	NA	N/A	**N/A**	NA	NA	S	S				
c. Comply with the FRMCSN *"Student Code of Conduct Policy."*	S	S	S	S	S	S	S	N/A	**S**	S	NA	S	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	S				
Faculty Initials	**AR**	**AR**	**AR**	**CP**	**CP**	**CP**	**CP**	**CP**	**CP**	**BS**	**BS**	**BS**	**BSc**				

Comments:

*End-of- Program Student Learning Outcomes

*End-of- Program Student Learning Outcomes

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	**Blood Admin./IV Pumps (3,4,5,6)***	**DelegationPrioritization/**	**Critical Care Meditech Document***	**(3,4,5,6)*Physician Orders**	**(1,3,6,7)*Resuscitation**	**Central Line/Blood Draw/Ports/IV Push (4,6)***	**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	**AR/BS/CP/ BSc**	**FB**	**CP**	**FB**	**BS/BSc**	**AR**	**FB/CP**	**BS/BSc**	**BS/BSc**	**AR**
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. AR/BS/CP/BSc

Blood Admin/IV Pumps: Satisfactory participation practice with blood administration safety checks. Great job with priming tubing, secondary IV medication pump set up, and the use of the IV drug dose library. FB

Prioritization/Delegation: You have successfully completed your skills lab for delegation and prioritization. You satisfactorily prioritized care for multiple patients using multiple methods (i.e. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks based on the skill level and scope of practice for each member of your team. You actively participated in the group discussion on delegation of nursing tasks and your team shared several important factors to consider when delegating, including scope of practice and skill level of the delegate, nursing laws, facility policy, and condition of the patient. Great job! CP

Meditech Documentation: Satisfactory completion of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders: Satisfactory completion of physician order labs utilizing SBAR communication and taking orders over the phone. Good job! BS/BSc

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

Central Line Dressing Change: Satisfactory central line dressing change using proper technique, as well as line flushing. FB

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

*End-of- Program Student Learning Outcomes

Nursing Care Plan Grading Tool
AMSN
2020

Student Name: Z. Schoen **Clinical Date:** 3/24/20 & 3/25/20

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 20/22 Comments Satisfactory Care Plan. BS
Nursing Diagnosis: (3 points) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 0.5	Total Points 2.5 Comments: Nice job choosing the priority nursing diagnosis, with etiology and defining characteristics, for your patient. Impaired gas exchange would be most apparent in the patient's ABGs.
Goal and Outcome (6 points total) Goal Statement (1 point) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Nice work. Outcomes are SMART.
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 0.5 All pertinent interventions listed (1) 1	Total Points 7.5 Comments: Good job prioritizing your nursing interventions.
Evaluation: (5 points total) Date (1) 0 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue//modify/terminate (1) 1 Signature (1) 1	Total Points 4 Comments: Good job on your evaluation.
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan *End-of- Program Student Learning Outcomes	Total Points for entire Care plan = 20/22 Comments: Nice job Zach, Care Plan is satisfactory! BS

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

vSim Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**gy)Rachael Heidebrink**	**acology)Junetta Cooper**	**acology)Mary Richards**	**Surgical)Lloyd Bennett**	**rgical)Kenneth Bronson**	**rmacology)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	CP	CP	BS	BS	BS	
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: Dante, Marcha, Nash, Schoen OBSERVATION DATE/TIME: 2/26/20 SCENARIO #: Dysrhythmias

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Team enters and identifies patient, establishes orientation. Patient CO being very tired. Monitor applied, notices HR dropping. Patient questioned about symptoms. HR noticed to still be dropping. Team enters and identifies patient. Patient CO chest feeling funny and dizziness. Orientation established. Good job informing patient of plan of care. Following Cardizem, patient still CO dizziness. Patient coughing following fluid bolus. Team enters and finds unresponsive patient.
• Focused Observation:	**E**	A	D	B	
• Recognizing Deviations from Expected Patterns:	**E**	A	D	B	
• Information Seeking:	**E**	A	D	B	
INTERPRETING: (2, 4)*					HR determined to be bradycardic. Team discussed monitor and rhythm change interpreted to be 2nd degree type 2 heart block, which changes to a 3rd degree. 3rd degree block interpreted to need paced. Heart rhythm interpreted to be sinus tachycardia. Re-interpreted to be SVT. After discussion, re-interpreted to be A-fib. Coughing interpreted to be sign of fluid overload. Rhythm interpreted to be in
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	**E**	A	D	B	
RESPONDING: (1, 2, 3, 5)*					O2 applied in response to SpO2 90%. Call to physician to give report and request atropine for low HR. Dose range provided. Order received and read back. Atropine prepared and administered correctly. Call to physician to report vomiting and HR of 29, 2nd degree type 2 block that progresses to a 3rd degree block. Caller recommends transcutaneous pacemaker. Order received to pace. Monitor applied, O2 started. Call to physician to report A-fib and suggests Cardizem along with bolus dose and infusion rate. Orders received and read back. Bolus and drip prepared and administered correctly (after re-calculation). Call to physician to report hypotension after Cardizem, suggests fluid bolus. Order received. Bolus initiated. IV fluid DC'd. Lung sounds assessed. Call to physician with report and to suggest synchronized cardioversion. Team administers 5 mg morphine. Applies patches. CPR initiated, code called, patches applied and ambu bag initiated. Defibrillator charges and patient shocked, CPR. Shock, CPR, Epi (q 3-5 min)
• 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	

*End-of- Program Student Learning Outcomes

REFLECTING: (6)* • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussion about how they prioritized care as the scenario progressed. Also discussed the importance of working as a team in the treatment of symptomatic bradycardias. Indications for transcutaneous pacing discussed and demonstrated (how to achieve capture with each spike). Discussed the fact that pacing will cause pain that needs to be medicated, until a trans-venous or permanent pacemaker is placed. Team discussion of therapies to treat a-fib. Medication review and discussion of synchronized cardioversion. Nice job keeping patient informed. Team discussion of code blue scenario. Team recognized v-tach on monitor and initiated CPR, called the code, applied the patches. Remember to shock as soon as possible. Amiodarone discussed as a medication used in addition to epinephrine in a code blue scenario. Amiodarone, in this case, would be given as a 300 mg push, followed by a 150 mg push, followed by a drip. Discussed K+ of 2.8 as potentially being the cause of cardiac arrest.
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!**

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*End-of- Program Student Learning Outcomes

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

AR 12/20/19

*End-of- Program Student Learning Outcomes