

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:
Semester:

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Plan Rubric
- Skills Lab Checklists/ Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual simulation scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
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:	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
a. Manage complex patient care situations with evidence of preparation and organization.	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
b. Assess comprehensively as indicated by patient needs and circumstances.	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
d. Evaluate patient's response to nursing interventions.	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
e. Interpret cardiac rhythm; determine rate and measurements	n/a	n/a	S	n/a	S	S	S	N/A	S	S	n/a	n/a	S				
f. Administer medications observing the six rights of medication administration.	n/a	S	n/a	n/a	S	S	S	N/A	S	S	n/a	n/a	n/a S				
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	n/a	S	n/a	n/a	n/a	n/a	S	N/A	S	n/a	n/a	n/a	n/a				
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	n/a	s	s	n/a	S	S	S	N/A	S	S	n/a	n/a	n/a				
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BS	BSc				
onClinical	QC	DH	CD	PA/ PD	Prec eptor	Prec eptor	Simu latio n/ Infus			4c		4c/ 4p	4c/ 4p				

Comments:

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

Week 4- Preceptor comments related to Cardiac Diagnostics: Excellent in all areas: Cardioversion/TEE-Lexiscan stress – pacemaker clinical; some good insight in physiology rationale. (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical. AR

Week 9- 1 a,b,c,d- Nice job this week assessing and managing care for your patient on 4C.

*End-of- Program Student Learning Outcomes

Week 11- 1 a,b,c,d- Nice job assessing and managing care for your virtual patient this week. Nice job also of evaluating patient response to the various tests and interventions. BS

Week 12-1(a,b,c,d,e,f) Ashleigh, 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:	n/a	S NA	S	n/a	S	S	S	N/A	S	S NI	n/a S	S	S				
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. CC (noticing, interpreting, responding)	n/a	S NA	S	n/a	S	S	S	N/A	S	S NI	n/a S	S	S				
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	n/a	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	n/a	S	S	n/a	S	S	S	N/A	S	S	n/a	S	S				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	n/a	S NA	n/a	n/a	S	S	S	N/A	S	S NA	n/a	S NA	S				
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)						n/a	S	N/A	S								
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (noticing, interpreting, responding)	n/a	s	n/a														
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- 2a- You did a good job discussing your patient's diagnoses and relating it to her labs and medications. I will need you to send me some additional information; I do not see any nursing interventions discussed. What interventions were performed related to your patient's diagnosis? You mention two members of her interdisciplinary team and their role in her care. Was anyone else involved? Could she benefit from any other discipline getting involved in her care? Please email this information to me, via Edvance email, by Wednesday, March, 18, at 0800. BS

*End-of- Program Student Learning Outcomes

Week 10- 2a- Additional information received and now satisfactory. BS

Week 11- 2 a,b,c,f- Good job discussing your virtual patient this week and utilizing the ABCDEF bundle to determine levels of pain, sedation, and delirium, and also as a guide to determine when extubation is indicated. BS

Week 12-2(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 12-2(d) Satisfactory care plan. Please see the Care Plan Rubric at the end of this document for my feedback. 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:	n/a	n/a	n/a	n/a	S	S	n/a	N/A	S	n/a	n/a	n/a	n/a				
a. Critique communication barriers among team members (Preceptorship)	n/a	n/a	n/a	n/a	S	S	n/a	N/A	S	n/a	n/a	n/a	n/a				
b. Participate in QI, core measures, monitoring standards and documentation.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S NA				
d. Clarify roles & accountability of team members related to delegation. (Preceptorship)	n/a	n/a	n/a	S	S	S	n/a	N/A	S	n/a	n/a	n/a	n/a				
e. Determine the priority patient from assigned patient population. (Preceptorship)	n/a	n/a	n/a	n/a	S	S	n/a	N/A	S	n/a	n/a	n/a	n/a				
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BS	BSc				

Comments:

*End-of- Program Student Learning Outcomes

Week 2: Comments from Quality Department preceptors: Was interested in the info provided; actively engaged; satisfactory in all areas. (3b)- Satisfactory via CDG discussion posting. Great job! AR

Week 11- 3 b,c- Good job participating in a synchronous discussion related to your virtual clinical experience this week. BS

Week 12-3(b) Satisfactory documentation related to a STEMI with virtual case study on your ACS patient. BSc

Objective

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

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

Comments:

Week 9- 4a- You participated during post-clinical discussion related to legal/ethical issues observed in the clinical setting. 4c- Professional behavior exhibited at all times. BS

Week 11- 4a- Good job participating in a synchronous discussion related to your virtual clinical experience this week. BS

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
a. Reflect on your overall performance in the clinical area for the week.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
b. Demonstrate initiative in seeking new learning opportunities.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
d. Perform Standard Precautions.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
e. Practice use of standardized EBP tools that support safety and quality.	S	s	s	s	S	S	S	N/A	S	s	n/a	s	s				
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BS	BSc				

Comments:

Week 6 Objective 5a: Ashleigh per your preceptor Alex on 2-7-20 Excellent in all areas except Knowledge base and Collection/Documentation of Data (Satisfactory). Keep up the good work Ashleigh. CP

Per your preceptor Alex on 2-11-20 – Satisfactory in all areas except Technical skills, Communication Skills, Delegation, and Attendance (Excellent). Great work Ashleigh! CP

Per your preceptor Alex on 2-12-20 – Excellent in all areas except Knowledge Base, Collection/Documentation of Data, and Establishment of Plan of Care (Satisfactory). Preceptor Comments: Ashleigh would love more practice with skills – IVs, wound care, central/PICC line care so we will work towards that! Overall, very good learning experiences with patients. Keep up the great work Ashleigh! CP

Week 7: Objective 5a: Ashleigh per your preceptor Amanda on 2-15-20 – Excellent in all areas. Preceptor Comments: Ashleigh did a great job on a busy day; she cared for an acute respiratory patient with acute anxiety and Bipap use; the discharge of a patient to SNF including calling report and the care of a patient with severe dementia; she also helped other nurses. Nice work Ashleigh! CP

Per your preceptor Amanda on 2-20-20 – Excellent in all areas. Preceptor Comments: Ashleigh did a great job on a hectic day; she helped during a MET on our critical patient including transfer to ICU; she also managed the care of a respiratory patient on BIPap and Afib RVR post-partum patient on a Cardizem gtt! Excellent! CVP. Per your preceptor Alex 2-19-20 – Satisfactory in all areas. CP

Week 9- 5 a,c,e- Good performance in the clinical setting. We also discussed factors that promote safety, including EBP tools, in the clinical setting. BS

Week 11- Your responses this week demonstrate you have an understanding of the importance of these competencies/attributes in the clinical setting. BS

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:	n/a	S	S	S	S	S	S	N/A	S	S	n/a	s	S				
a. Establish collaborative partnerships with patients, families, and coworkers.	n/a	S	S	S	S	S	S	N/A	S	S	n/a	s	S				
b. Teach patients and families based on readiness to learn and discharge learning needs.	n/a	n/a	n/a	n/a	S	S	S	N/A	S	S	n/a	s	S				
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	S	S	S	S	S	S	S	N/A	S	S	n/a	s	S				
d. Deliver effective and concise hand-off reports.	n/a	n/a	n/a	n/a	S	S	S	N/A	S	S	n/a	S	S				
e. Document interventions and medication administration correctly in the electronic medical record.	n/a	n/a	n/a	n/a	S	S	S	N/A	S	S	n/a	S	S				
f. Consistently and appropriately posts in clinical discussion groups.	s	n/a	S	s	S	S	s	N/A	S	S NI	n/a S	s	S U				
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 (6f)- Excellent CGG posting related to your clinical experience. Keep up the great work! AR

Week 7: Objective 6d: You successfully completed the Hand-off Report Competency with a score of 40/40. Per your preceptor Amanda: Ashleigh did a great job reporting off on a complicated post cardiac patient. Nice work Ashleigh! CP

Week 9- 6 a,c,e- Nice job working and collaborating with fellow students and staff members. 6 f- This will change to an “S” when I receive the additional information requested regarding competency 2a. BS

Week 10- 6e- Additional information received. BS

Week 11- 6 e,f- You were able to demonstrate the importance of medication in the management of pain and sedation. Also discussed was different dosing options related to pain control. BS

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

*End-of- Program Student Learning Outcomes

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

Week 12-6(f) Although your care plan was nicely done, I was not able to open and view the document by the due date. Additionally, you unfortunately did not include both an in-text citation and a reference. Therefore, I had to change this competency to a U for this week. 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:	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
a. Value the need for continuous improvement in clinical practice based on evidence.																	
b. Accountable for investigating evidence-based practice to improve patient outcomes.	S	S	S	S	S	S	S	N/A	S	S	n/a	S	S				
c. Comply with the FRMCSN "Student Code of Conduct Policy."	S	S	S	S	S	S	S	N/A	S	S	n/a	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	n/a	s	s				
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BS	BSc				

Comments:

Week 11-7b- Utilizing the ABCDEF bundle is an example of an evidence-based tool to improve patient outcomes. BS

*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	Blood Admin./IV Pumps 3,4,5,6)*	Delegation/Prioritization/	Critical Care Meditech * Document	3,4,5,6)*Physician Orders	(1,3,6,7)*Resuscitation	Central Line/Blood 4,6)* Draw/Ports/IV Push	Assessment/Head 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

*End-of- Program Student Learning Outcomes

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

Blood Draw, Ports: You were satisfactory in accessing an Infusaport device. You also satisfactorily demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. CP

Nursing Care Plan Grading Tool
AMSN
2020

Student Name: Ashleigh Lewis	Clinical Date: 3/31-4/1/2020
Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Cardiac Output, Decreased R/T Altered afterload
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1)-1 Etiology (1)-1 Defining Characteristics (1)-1	Total Points: 3 Comments: Great job! Nursing diagnosis is appropriate for your patient. All defining characteristics are nicely done and specific as well.
Goal and Outcome (6 points total) Goal Statement (1 point)-0 Outcome: Specific (1)-1 Measurable (1)-1 Attainable (1)-1 Realistic (1)-1 Time Frame (1)-0	Total Points: 4 Comments: Great job! For your goal statement, remember that this is a positive statement of your nursing diagnosis. You simply just want to state "The patient will have increased cardiac output." You did an excellent job with your outcome statements, but remember to include a time frame. For example, "by discharge."
Nursing Interventions: (8 points total) Prioritized (1)-1/2 What (1)-1 How Often (1)-1 When (1)-1 Individualized (1)-1 Realistic (1)-1 Rationale (1)-1/2 All pertinent interventions listed (1)-1	Total Points: 7 Comments: Great job with your nursing interventions. Looking at prioritization, do you think vitals, cardiovascular assessment, and respiratory assessment should be prioritized over identifying risk factors? Additionally, try to be more specific with some of your rationales. Explain exactly what you are assessing with a cardiovascular assessment or respiratory assessment. What specific changes are you looking for?
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: Evaluation section is nicely done. Remember to include a date.
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 = 18/22 Comments: Satisfactory care plan. Please review all my feedback for areas that were done incorrectly, and refer to the Nursing Care Plan Guidelines. Please do not hesitate to reach out to me if you need further assistance and clarification. Great job! BSc

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Team enters, identifies patient, begins assessment. VS, monitor applied. Low HR noted. Patient CO being tired. Change noted on monitor. Team noticed HR and BP dropping following atropine. Patient vomits. Another rhythm change noticed.</p> <p>Team enters and asks about symptoms, attached monitor, begins assessment. Identifies patient. Patient CO dizziness. Following bolus, patient coughing and SOB.</p> <p>Team enters and notices unresponsive patient. Attaches monitor.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>SpO2 noted to be low. Rhythm noted to be changing, interprets it to be a heart block. New change interpreted to be ST elevation, after discussion it is actually another heart block, changing from a 2nd degree type 2 to a complete heart block, 3rd degree.</p> <p>A-fib interpreted on monitor. Coughing and SOB interpreted to be fluid overload. Team notes patient history of CHF and EF 40% (good job).</p> <p>Torsades noted (V-tach).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Patient placed on monitor. O2 applied. Call to physician with report, suggests labs be drawn. Team discusses that atropine may be needed to raise HR. Call to physician, suggests atropine and dose. Order received (remember to read back orders). Atropine prepared and administered correctly. Fast patches applied to initiate transcutaneous pacing. Call to physician to report 3rd degree block with a suggestion to transcutaneous pace.</p> <p>Call to physician to report a-fib and suggest orders (Cardizem). Cardizem bolus and drip prepared correctly and administered. Call to physician to request amiodarone and a heparin drip. BP dropping, patient CO SOB and dizziness. Reasons for BP drop discussed. Cardioversion suggested. Fluid bolus suggested, 300 ml. Order received. Fluid bolus administered.</p> <p>Fast patches applied. No pulse noted, CPR initiated, airway managed, code blue called. EPI administered q 3 minutes (time noted). Defibrillator charged, clear, shock delivered, CPR. Amiodarone identified as another medication that could be utilized.</p>

*End-of- Program Student Learning Outcomes

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discusses recognition of changing rhythms and how quickly they can progress. Various treatments for bradycardias and symptomatic bradycardias. (Atropine, epinephrine, dopamine are the drugs to treat. The other appropriate treatment would be to transcutaneous pace, which would cause some discomfort and would likely require pain control. Demonstration of transcutaneous pacing.</p> <p>Team discussed signs/symptoms of A-fib. Cardiac output goes down, atrial kick lost. Discussion about medications commonly given to treat. Team recognized patient's history of CHF and EF of 40% as being reasons for a conservative fluid bolus. Additional treatment for a-fib is synchronized cardioversion, which the team demonstrates. Discussed the potential for clots to form in the heart, and heparin as a preventative measure.</p> <p>Team discussed code-blue scenario. Likely cause- K+ 2.8. Discussed importance of immediate CPR and defibrillation ASAP (and calling the code). Team did a good job of recognizing and responding. Also discussed the use of amiodarone in a code vs. as treatment for a-fib.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>You are satisfactory for this simulation, good job!</p>

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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

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

Student eSignature & Date:

AR 12/20/19

*End-of- Program Student Learning Outcomes