

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

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

Student:

Shelby Nash

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:																	
a. Manage complex patient care situations with evidence of preparation and organization.	NA	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	NA	S	S	S	S	S	NA	NA	S	S	NA	NA	NA	S			
d. Evaluate patient's response to nursing interventions.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			

*End-of- Program Student Learning Outcomes

f. Administer medications observing the six rights of medication administration.	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	NA	S			
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	NI	NA	S	S	NA	NA	S	S	NA	NA	NA	NA			
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	NA	NA			
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	BS	BS	AR	BSc			
cationClinical	NA- no preceptorship this week	3T	3N and 3T	4P/3T/QC	QC/PD &ER	Cardiac Diagnostic /Infusion center	Simulation	NA		Digestive Health	NA	Online Clinical -MI	NA	Online Clinical -Sepsis			

Comments:

Week 7- Comments per Cardiac Diagnostics preceptor: Excellent in all areas. She was able to see cath lab, regular cath as well as plasty/pacer. Comments per Infusion Center preceptor: Excellent in all areas. Peripheral/port start; eager to help and learn. (1b,d)- Satisfactory Cardiac Diagnostics and Infusion Center clinical experiences and discussion via CDG postings! AR

Week 9 (1g)- Great job with your IV skills during the Digestive Health clinical. Keep up the great work! AR

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 13-1(a,b,c,d,f) Shelby, 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 sepsis 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 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	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	NA	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	NA	S	NA	NA													
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)						NA	S	NA	S					S			
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (noticing, interpreting, responding)	NA																
Faculty Initials	CP	CP	CP	AR	BS	BS	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

*End-of- Program Student Learning Outcomes

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

Week 13-2(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 sepsis patient. Your pathophysiology CDG was very nicely done. 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 septic shock/MODS from her diagnosis of sepsis, 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 13-2(e) See Clinical Simulation Rubric at the end of this document. 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:									S								
a. Critique communication barriers among team members (Preceptorship)	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	NA	NA			
b. Participate in QI, core measures, monitoring standards and documentation.	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	NA	NA			
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	S	NA	NA			
d. Clarify roles & accountability of team members related to delegation. (Preceptorship)	NA	S	S	S	S	NA	NA	NA	S	NA	NA	NA	NA	NA			
e. Determine the priority patient from assigned patient population. (Preceptorship)	NA	S	S	S	S	NA	NA	NA	S	NA	NA	NA	NA	NA			
Faculty Initials	CP	CP	CP	AR	BS	BS	AR	BSc									

Comments:

*End-of- Program Student Learning Outcomes

Week 5- Preceptor comments related to Quality Department clinical experience: Satisfactory in all areas except actively engaged in the clinical experience (Excellent). Previous experience has benefitted her; appreciate Shelby. Interested in presentation; notes taken; engaged in discussion. (3b)- Satisfactory discussion via CDG posting related to Quality Department clinical. Great job! AR

Week 7 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

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

Objective

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

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

Comments:

Week 11- 4b- Per your Care Plan you were able to provide education regarding exercise and smoking cessation. This would allow your patient to make informed, autonomous decisions. BS

Week 13-4(b) With your virtual clinical experience, you demonstrated that you are satisfactory with engaging with patients and families to make autonomous decisions regarding healthcare with the education you provided. BSc

Objective

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

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

Comments:

Week 3: Objective 5a: Shelby, per your preceptor Joyce on 1-23-20 – Excellent in all areas. Preceptor Comments: “Shelby did a great job today! She has great bedside manner and is excited and willing to try new tasks/skills.” Keep up the great work Shelby! CP

Week 4: Objective 5a: Shelby, per your preceptor Joyce on 1-23-20 – Excellent in all areas. Preceptor Comments: “Shelby did a great job today! She has great bedside manner and is excited and willing to try new tasks/skills.” Per your preceptor Joyce on 1-24-20 – Excellent in all areas. Preceptor Comments: “Shelby did great today; getting more confident in patient care with minimal questions; makes me aware of things she needs help with.” Per your preceptor Eileen on 1-25-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: “Great job with managing total care of 2 patients; able to do discharge, admission, wound dressing change, bladder scan, pin care on external fixation of a leg, and administer many IV antibiotics/meds.” Per your preceptor Tracey on 1-29-20 – Excellent in all areas. Preceptor Comments: “Excellent job today; very knowledgeable/helpful.” Excellent work Shelby! CP

Week 5 (5a)- Comments per preceptor Macy: Excellent in all areas. Very eager to learn and shows great enthusiasm toward learning; will make a great nurse! Good luck! Student Self-Goals: Want to do better on IV meds; programming into Alaris pump. Comments per preceptor Tracey: Excellent in all areas. Knowledgeable/helpful; extremely caring with staff and patients/families; can handle stress very well and very professional; never refused to help staff; you are going to be an amazing RN; hope to work alongside with you in the future. *Delegating good job but don’t feel bad when doing so! Student Self-Goals: With it being the last one I hope to take this experience to my other clinicals and into my first job. Great job Shelby! AR

Week 11- 5 a- 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

Week 13-5(c,d,e) You proved to be satisfactory in these competencies based on your virtual clinical experience. You recognized that your patient was a high fall risk, and discussed the need to implement fall precautions. In order to determine the patient's fall score, you would have used an EBP tool (Morse Fall Scale). Lastly, you proved your knowledge of standard precautions with your care of the sepsis patient as well. BSc

Objective																	
6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*																	
Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:																	
a. Establish collaborative partnerships with patients, families, and coworkers.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
b. Teach patients and families based on readiness to learn and discharge learning needs.	NA	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
d. Deliver effective and concise hand-off reports.	NA	NA S	S	S	NA	NA	NA	NA	S	NA	NA	S	NA	S			
e. Document interventions and medication administration correctly in the electronic medical record.	NA	S	S	S	NA	NA	NA	NA	S	NA	NA	NA	NA	NA S			
f. Consistently and appropriately posts in clinical discussion groups.	NA	NA	S U	S	S	S	NA	NA	S	NA	NA	S	NA	S U			
Faculty Initials	CP	CP	CP	AR	BS	BS	AR	BSc									

Comments:

Week 3: Objective 6d: Shelby, I changed your “NA” to an “S”. You satisfactorily complete the Hand-off Report Competency with a score of 40/40. Per your preceptor Joyce “Shelby did a great job giving report. She hit all important information. Oncoming nurse had minimal questions of which Shelby answered thoroughly.” Excellent work Shelby.

Week 4: Objective 6d: Shelby, you satisfactorily completed the Hand-off Report Competency with a score of 40/40. Per your preceptor Joyce, “Shelby did a great job giving report. She hit all important information. Oncoming nurse had minimal questions of which Shelby answered thoroughly.” Excellent work! CP

*End-of- Program Student Learning Outcomes

Week 4: Objective 6f: Shelby, I changed your “S” to a “U” due to not including an in-text citation in your CDG. Please refer to the CDG Grading Rubric. Please also remember to address this under comments next week. If you have any questions or concerns, do not hesitate to let me know. CP

Week 5- I have noticed what I did wrong in not doing the in-text citation. With it being my first CDG that was due it slipped my mind. From here on out I will make sure I have an in-text in every CDG. Thank you. AR

Week 5 (6f)- Satisfactory CDG postings related to preceptorship and Quality Assurance/Core Measure. Keep up the great work! AR

Week 6 (6b,c,f)- Satisfactory in your Patient Advocate/Discharge Planner and Emergency Department clinical experiences and CDG postings. Keep up the great work! AR

Week 7 (6c, f)- Satisfactory discussions via CDG postings related to Cardiac Diagnostics and Infusion Center clinical experiences. Keep up the great work! AR

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

Week 13-6(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 13-6(e) Satisfactory documentation with virtual case study. BSc

Week 13-6(f) Although your pathophysiology CDG was nicely done, unfortunately you omitted some additional questions that were required for this CDG. These questions were as follows:

What interdisciplinary team members were involved in the care of your patient: What role did they play to ensure positive patient outcomes? What other interdisciplinary team members could have been involved with this patient’s care in order to ensure positive patient outcomes?

Per the Clinical Discussion Group Rubric, if a student does not answer all of the questions they are graded as unsatisfactory in this competency. Please be sure to address this “U” for next week. If you have any questions, please do not hesitate to reach out to me. Additionally, I wanted to comment on your excellent participation in our synchronous discussion this week. Great job! 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	S	S	NA	NA	S	S	NA	S	NA	S			
b. Accountable for investigating evidence-based practice to improve patient outcomes.	NA	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
c. Comply with the FRMCSN "Student Code of Conduct Policy."	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
Faculty Initials	CP	CP	CP	AR	BS	BS	AR	BSc									

Comments:

Skills Lab Evaluation Tool
AMSN
2020

<u>Skills Lab Competency Evaluation</u>	Lab Skills									
	(1,3,4,6)*IV Start	3,4,5,6)*Blood Admin./IV Pumps	Delegation/Prioritization/	*Critical Care Meditech Document	3,4,5,6)*Physician Orders	(1,3,6,7)*Resuscitation	4,6)*Central Line/Blood Draw/Ports/IV Push	Assessment/Head to Toe	ents/CTECG/Telemetry	5,6)*ECG Measurements
Performance Codes: S: Satisfactory U: Unsatisfactory	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

*End-of- Program Student Learning Outcomes 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

Nursing Care Plan Grading Tool
 AMSN
 2020

Student Name: **S. Nash**

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 21.5/22 Comments Great Care Plan! BS
Nursing Diagnosis: (3 points) Problem Statement (1) 1 Etiology (1) 0 Defining Characteristics (1) 1	Total Points 3 Comments: Good nursing diagnosis (acute pain). Decreased cardiac output is another nursing diagnosis. A better etiology would be acute pain r/t biologic injury/ischemia. The decreased output would play a role in the pain, but most of the pain would be because of the ischemia brought on by the coronary blockage.
Goal and Outcome (6 points total) Goal Statement (1 point) 0.5 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 5.5 Comments: Patient's pain will be relieved, aeb:.... Good outcomes, all are specific and measurable.
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) 1 All pertinent interventions listed (1) 1	Total Points 8 Comments: Very good job with interventions/prioritization.
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue//modify/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Very nice job on your evaluation.
Total possible points = 22 18-22 = Satisfactory care plan 17-18 = Needs improvement care plan 14-17 = Program Student Learning Outcomes <13 = Unsatisfactory care plan	Total Points for entire Care plan = 21.5/22 Comments: Excellent job Shelby! Satisfactory. BS

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

<u>vSim Evaluation</u>	Performance Codes: S: Satisfactory U: Unsatisfactory	Rachael Heidebrink	Junetta Cooper	Mary Richards	Lloyd Bennett	Kenneth Bronson	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	S
Faculty Initials		AR	AR	AR	BS	BS	BSc
Remediation: Date/Evaluation/ Initials		NA	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
<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 style="color: red;">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.</p> <p style="color: red;">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.</p> <p style="color: red;">Team enters and finds unresponsive patient.</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 style="color: red;">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.</p> <p style="color: red;">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.</p> <p style="color: red;">Rhythm interpreted to be in</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 <p style="text-align: center;">B</p>						<p style="color: red;">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.</p> <p style="color: red;">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.</p>

*End-of- Program Student Learning Outcomes

	CPR initiated, code called, patches applied and ambu bag initiated. Defibrillator charges and patient shocked, CPR. Shock, CPR, Epi (q 3-5 min)
<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 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.</p> <p>Team discussion of therapies to treat a-fib. Medication review and discussion of synchronized cardioversion. Nice job keeping patient informed.</p> <p>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.</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>

Lasater Clinical Judgment Rubric Scoring Sheet: AMSN

Objectives

1. Assessment of ACS/STEMI, HF, and Atrial Fibrillation from pre-hospital to discharge. (1,6)*
2. Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*
3. Collaborate and communicate with interdisciplinary health care providers while transitioning from pre-hospital to discharge. (1,2,6)*
4. Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation. (1,3,5,6,7)*

DATE: 4/9/2020

Comprehensive Simulation

CLINICAL JUDGMENT					OBSERVATION NOTES
NOTICING: (2,6)*					
• Focused Observation:	E	A	D	B	Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care plan.
• Information Seeking:	E	A	D	B	Recognized the association between patient history, including non-compliance, and current findings. Recognized the appropriate use of MONAH, fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient. Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab. Recognized the appropriate patient information pertinent to communication with oncoming nurse following SBAR.
INTERPRETING: (1,2,3,6)*					
• Prioritizing Data:	E	A	D	B	Interpreted data well. Upon reviewing the patient's chart/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient's symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload.
• Making Sense of Data:	E	A	D	B	Interpreted current diagnosis and past medical history and

*End-of- Program Student Learning Outcomes

					determined the need for education on current and past health issues as well as lifestyle modifications. Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI.
RESPONDING: (1,5,6)*					
<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: B E A D 					<p>Multiple dosage calculations performed accurately. Appropriate medications were chosen to treat Afib and heart failure/fluid overload. Potassium level was noted and the need to give supplemental K+ along with furosemide was recognized. Very good job!</p> <p>Able to identify ways to help improve the patient’s ability to be compliant with new medications after discharge.</p> <p>Discussed several topics related to lifestyle modification including diet/exercise, rest, blood pressure, weight management, incision care, symptom recognition as well as response to symptoms, compliance with follow-up appointment and medications, medication storage, and regular communication with physician. Active engagement verbally and via chat feature during online debriefing session.</p> <p>Discussed the necessary components to include during change of shift hand-off report utilizing SBAR.</p>
REFLECTING: (4,6)*					
<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 					<p>Able to identify new knowledge obtained through the virtual simulation and how to apply to future patient care scenarios.</p> <p>Acknowledged the importance of customizing teaching to accommodate patient lifestyle.</p> <p>Asked appropriate questions to gain understanding of information provided.</p>
Developing to accomplished in all areas is required for satisfactory completion of this simulation.					<p>Comments:</p> <p>Overall fantastic job with the STEMI Comprehensive Simulation.</p>

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater’s Clinical Judgment Rubric

*Course objectives/home/main/code/e360/apps/v8/releases/1586877204/public/upload/firelands/media/dropbox/80222-S.NashWeek13ClinicalTool.docx

*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