



## 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
<b>Competencies:</b>	NA	S	S	S	S	S	NA	NA	S	NA	NA	S	NA	S			
a. Manage complex patient care situations with evidence of preparation and organization.								NA	S			NI/S					
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	S	S	S	S	S	NA	NA	S	NA	NA	NI/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	NI/S	NA	S			
d. Evaluate patient's response to nursing interventions.	NA	S	S	S	S	S	NA	NA	S	S	NA	NI/S	NA	S			
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	S	S	S	NA	NA	NA	S	S	NA	NI/S	NA	S			
f. Administer medications observing the six rights of medication administration.	NA	S	S	S	S	S	NA	NA	S	NA	NA	NI/S	NA	S			
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	NA	S			
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	S	S	S	S	S	NA	NA	S	S	NA	NA	NA	NI/S			
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>			
onClinical		4N	4N	4P Core Mea sures	PD, ED	IS	SIM			Card iac Diag		VIR TUA L MI		Com p Sim and			

Comments:

Week 7- Infusion Center preceptor comments: Excellent in all areas. Successful IV and port starts. Positive attitude. (1d)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Great job! AR

\*End-of- Program Student Learning Outcomes

Week 9- Preceptor comments for Cardiac Diagnostics clinical: Excellent in all areas. 2 stress tests, treadmill, Lexiscan, 2 cardioversions, one for A-fib, one for A-flutter, portable screening/programming of pacemakers, bubble test echocardiogram. (1b)- Satisfactory Cardiac Diagnostics clinical and CDG discussion posting. Keep up the great work! AR

Week 11- 1 a,b,c,d,e,f- You have returned your Case Study with the suggested additions and it is now satisfactory. BS 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) Truc, 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

Week 13-1(g) Satisfactory achievement related to your virtual Digestive Health clinical assignment. Keep up the great work! AR

**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
<b>Competencies:</b>	NA	S	S	S	S	NA	NA	NA	S	NA	NA	S	NA	S			
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding)</b>	NA	S	S	S	S	NA	NA	NA	S	NA	NA	S	NA	S			
b. Monitor for potential risks and anticipate possible early complications. <b>CC (noticing, interpreting, responding)</b>	NA	S	S	S	S	NA	NA	NA	S	NA	NA	S	NA	S			
c. Recognize changes in patient status and take appropriate action. <b>(noticing, interpreting, responding)</b>	NA	S	S	S	S	NA	NA	NA	S	S	NA	S	NA	S			
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (noticing, interpreting, responding, reflecting)</b>	NA	S	S	S	S	NA	NA	NA	S	NA	NA	S	NA	S			
e. Development of clinical judgment in high-fidelity simulation scenarios. <b>(Noticing, Interpreting, Responding, Reflecting)</b>						NA	S	NA	S					S			
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. <b>CC (noticing, interpreting, responding)</b>	NA																
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>										

**Comments:**

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

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

Week 11- 2a- Your pathophysiology CDG was lacking some of the required components. Although you did a very nice job once it was finished, proving you were you were able to correlate the relationships among the disease process, patient history, symptoms, and present condition utilizing clinical judgement skills, you did not turn it in by the deadline given. Please comment below on how you will prevent this in the future. BS

Week 11 Obj 2a: I failed to get clarification on expectations of the pathophysiology CDG and submitted a lackluster report. Over the weekend, I was informed I was positively exposed to an active case of TB. I allowed myself to get flustered by the changes in school, the threat of COVID-19 at work, and my recent exposure to TB and did not get things turned in on time. I have since gotten myself back on track in terms of getting my priorities right by talking to family and friends and late submissions will not be an issue moving forward.

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. 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(d) Please see Care Plan Rubric at the end of this document. Revisions will need to be made in order to become satisfactory. Please remember to address this "U" for next week as well. 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
<b>Competencies:</b>	NA	S	S	S	NA S	NA	NA	NA	S	NA	NA	NA	NA	NA			
a. Critique communication barriers among team members ( <b>Preceptorship</b> )	NA	S	S	S	NA S	NA	NA	NA	S	NA	NA	NA	NA	NA			
b. Participate in QI, core measures, monitoring standards and documentation.	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	S NA			
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	NA S	NA	S NA			
d. Clarify roles & accountability of team members related to delegation. ( <b>Preceptorship</b> )	NA	S	S	S	NA S	NA	NA	NA	S	NA	NA	NA	NA	NA			
e. Determine the priority patient from assigned patient population. ( <b>Preceptorship</b> )	NA	S	S	S	NA S	NA	NA	NA	S	NA	NA	NA	NA	NA			
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>										

**Comments:**

Week 5- Comments per Quality Department preceptors: Satisfactory in all areas except actively engaged in the clinical experience (Excellent); very actively engaged in discussion. (3b)- Satisfactory discussion via CDG posting related to your Quality Department clinical. Great job. AR

Week 6 (3a,d,e)- Your last precepting experiences are being evaluated this week therefore satisfactory for these competencies. Great job! AR

Week 7 (3c)- Satisfactory discussion via CDG posting related to Infusion Center clinical. Keep up the great work! 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
<b>Competencies:</b>	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA			
a. Critique examples of legal or ethical issues observed in the clinical setting.	NA	NA	NA	NA	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	S	NA	S			
c. Exhibit professional behavior in appearance, responsibility, integrity and respect.	NA U	S	S	S	S	S	NA	NA	S	S	NA	S U	NA S	S NI			
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>										

### Comments:

Week 2 Objective 4c: Truc, I changed your "NA" to a "U" due to late submission of your clinical tool. Please remember to submit your clinical tool by 0800 on Friday each week. Also, remember to address this competency next week when you are completing your tool. If you have any questions or concerns, please do not hesitate to let me know. CP

Week 3 Objective 4c: I did not submit my tool on time last week, which showed a lack of professionalism and responsibility. I will now submit my tool by Thursday to avoid being late in submission again. Truc, thank you for addressing this! CP

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

Week 11- 4c- You were asked to add additional information to your Case Study and your CDG, which were to be re-submitted by Monday, March 30 at 0800. These were both completed, and completed very well, but they were both submitted late. Please comment below on how you will prevent this in the future. BS

Week 11 Obj 4c: I was told I was exposed to active TB and with all the changes going on with school, the COVID-19 scare, and the active TB exposure, I just lost focus of school's assignments and let myself get overwhelmed. I have since used my support system to refocus myself and no other assignments will be late from here on out. Thanks Truc. I am so glad you have a strong support system during these difficult times. AR

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

Week 13-Truc, unfortunately I had to change this competency to an “NI” because your CDG was not submitted in the appropriate location by the due date and time. I had to reach out to you in order to obtain it. Going forward, please be sure to double check that your CDGs are in the correct place, and reach out for help if you are unsure. BSc

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

**Comments:**

Week 3 Objective 5a: Truc, per your preceptor Amy on 1-18-20, Satisfactory in all areas except communication skills, professionalism, and attendance (Excellent).  
 Preceptor Comments: “Great first day! Truc was quick to jump in and learn new things; he seems to grasp concepts easily.” Excellent work! CP

\*End-of- Program Student Learning Outcomes

Week 4 Objective 5a: Truc per your preceptor Amy on 1-24-20 – Satisfactory in all areas except Communication Skills, Delegation, Professionalism, and Attendance (Excellent). Preceptor Comments: “Continues to improve knowledge base and skill competency. Student will assume responsibility of 1-2 patients next clinical day.” Keep up the great work! CP

Week 5 (5a)- Preceptor comments per Demiona: Excellent in all areas. Truc completed foley catheter with great sterile technique! He also experienced peritoneal dialysis along with a change in status, needing to transfer a patient to ICU. Great job Truc! AR

Week 6 (5a)- Preceptor comments per Amy: Excellent in all areas. Substantial improvement at time management skills. Student successfully completed at least 80% of workload with 5 patient load. Good luck in your future career as a RN! You did a wonderful job during your preceptorship! Student Self-Goals: I still need to push myself to be more efficient and to cluster nursing interventions to maximize time spent. It’s a challenge for sure!

Preceptor comments per Demiona: Excellent in all areas except Delegation (Satisfactory). Preceptor Comments: Truc completed foley catheterization insertion; great sterile technique! He also experienced peritoneal dialysis along with a change in status needing to transfer a patient to ICU! Student Self-Goals: I will continue to maximize efficiency by managing my time appropriately. Great job Truc! AR

Week 11- 5 a,b,c- Once you added the additional requested information, your completed Case Study makes it 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
<b>Competencies:</b>	NA	S	S	S	S	S	S	NA	S	S	NA	S	NA	S			
a. Establish collaborative partnerships with patients, families, and coworkers.	NA	S	S	S	S			NA	S			S	NA	S			
b. Teach patients and families based on readiness to learn and discharge learning needs.	NA	S	S	S	S	NA	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	S	S	S	NA	NA	NA	NA	S	NA	NA	S	NA	S			

\*End-of- Program Student Learning Outcomes

e. Document interventions and medication administration correctly in the electronic medical record.	NA	S	S	S	NA	NA	NA	NA	S	S	NA	NA	S NA	NA	S			
f. Consistently and appropriately posts in clinical discussion groups.	NA	S	S	S NI	S	S	NA	NA	S	S	NA	NA U	NA S	S U				
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>											

**Comments:**

Week 5- Objective 6d: You satisfactorily completed your Hand-off Report Competency with a 40/40, nice work! Per your preceptor Amy, “Provided detailed report and met all expectations. Great Job!” AR (6f)- While the content of your discussion posts were satisfactory, you have received an NI due to having no in-text citation for your Quality Department posting. AR

Week 6 Obj 6f: I have placed in-text citations as appropriate for this week’s CDGs. AR

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

Week 7 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 9 (6f)- Satisfactory CDG posting related to Cardiac Diagnostics clinical. 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.

Week 11- 6f- Your original discussion post lacked sufficient detail to let the reader know that you were making the proper correlations among your patient’s diagnosis, symptoms, labs, diagnostic tests, and nursing interventions. Your subsequent submission confirmed these things. Please comment below on how you will prevent from having to do another CDG a second time. BS

Week 11 Obj 6f: I should have asked for clarification on the CDG, but now that I had to redo one, I will continue to push myself to make the correlations between diseases, their lab values, diagnostics, and nursing interventions in order to understand the patient as a whole in order to improve delivery of care and to show an understanding of disease processes as well as the effects and intertwining of comorbidities that will affect a patient’s overall health. AR

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) Truc, unfortunately I had to change this competency to a “U” due to your late submission of your CDG on the discussion board. Please remember to address this “U” for next 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
<b>Competencies:</b>	NA	S	S	S	S	S	S	NA	S	S	NA	S	NA	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.	NA	S	S	S	S	S	NA	NA	S	S	NA	S	NA	S			
c. Comply with the FRMCSN "Student Code of Conduct Policy."	NA	S	S	S	S	S	S	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	S	NA	S	S	NA	S	NA	S			
<b>Faculty Initials</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>AR</b>	<b>BS</b>	<b>AR</b>	<b>BSc</b>										

**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: **Truc Bui**

Clinical Date: **4/7-4/8/2020**

<b>Objective # 6:</b> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	Total Points: <b>0</b> Comments: <b>Truc, a "Risk for" nursing diagnosis is not appropriate for your patient. Think about what is going on with your patient, does she have an active problem? You need to choose a nursing diagnosis that supports the active problem at hand. Please revise your care plan in order to become satisfactory. If you have any questions, please do not hesitate to ask. BSc</b>
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue//modify/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 *End of Program Student Learning Outcomes 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = <b>0/22</b> <b>Unsatisfactory Care Plan. Please do not use a "Risk for" diagnosis. BSc</b> <p style="text-align: right;"><b>15</b></p> Comments:

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

<b>vSim Evaluation</b>	<b>Rachael Heidebrink</b>	<b>Junetta Cooper</b>	<b>Mary Richards</b>	<b>Lloyd Bennett</b>	<b>Kenneth Bronson</b>	<b>Carl Shapiro</b>
	<b>Date:</b> 2/14/20	<b>Date:</b> 2/28/20	<b>Date:</b> 3/13/20	<b>Date:</b> 3/20/20	<b>Date:</b> 3/26/20	<b>Date:</b> 4/9/20
Performance Codes: S: Satisfactory U: Unsatisfactory	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Evaluation	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty Initials	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BSc</b>
<b>Remediation:</b> <b>Date/Evaluation/</b> <b>Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\* Course Objectives



<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <b>E</b>      A      D      B</li> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<p>Team discusses scenario, symptomatic bradycardias and their treatment. Discussion of the rhythm as it progresses from sinus bradycardia (symptomatic- call to physician with recommendation for atropine) to 2<sup>nd</sup> degree mobitz 2 heart block, finally to 3<sup>rd</sup> degree complete block. Discussed indications for, and differences between, transcutaneous, transvenous, and permanent pacemakers. Demonstration of transcutaneous pacing. Discussion of the need for pain control with pacing. Recognition of beta-blocker as potentially being the cause of bradycardia.</p> <p>Team discussion of a-fib scenario and various treatment options, including medications (Cardizem, warfarin, heparin, amiodarone) and if these fail, synchronized cardioversion. Discussed the importance of patient history when determining fluid bolus/maintenance.</p> <p>Discussed prioritization during a code blue. CPR, code blue, remember to defibrillate as soon as possible, EPI. Discussed potential reasons for patient to code- in this case K+ of 2.8.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>You are satisfactory for this simulation, good job!</b></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
<p><b>NOTICING: (2,6)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           <b>E</b>        A        D        B</li> <li>• Information Seeking:           E        <b>A</b>        D        B</li> </ul>					<p>Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions.</p> <p>Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care plan.</p> <p>Recognized the association between patient history, including non-compliance, and current findings.</p> <p>Recognized the appropriate use of MONAH, fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient.</p> <p>Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab.</p> <p>Recognized the appropriate patient information pertinent to communication with oncoming nurse following SBAR.</p>
<p><b>INTERPRETING: (1,2,3,6)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               <b>E</b>        A        D        B</li> <li>• Making Sense of Data:           E        <b>A</b>        D        B</li> </ul>					<p>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.</p> <p>Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.</p> <p>Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI.</p>
<p><b>RESPONDING: (1,5,6)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       <b>E</b>        A        D        B</li> <li>• Clear Communication:           E        <b>A</b>        D        B</li> </ul>					<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</p>

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>Well-Planned Intervention/ Flexibility: E A D B</li> <li>Being Skillful: B E A D</li> </ul>	<p>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>
<p><b>REFLECTING: (4,6)*</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E A D B</li> <li>Commitment to Improvement: E A D B</li> </ul>	<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>
<p><b>Developing to accomplished in all areas is required for satisfactory completion of this simulation.</b></p>	<p><b>Comments:</b></p> <p><b>Overall fantastic job with the STEMI Comprehensive Simulation.</b></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/80233-T.BuiWeek13ClinicalTool.docx

**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