EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: RJ Dante   **Final Grade: Satisfactory/Unsatisfactory**

Semester: Spring   **Date of Completion:**

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

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

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

<u>SATISFACTORY CLINICAL PERFORMANCE</u>

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.

<u>UNSATISFACTORY CLINICAL PERFORMANCE</u>

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.

<u>OTHER</u>

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.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	N̶A̶ S	S	S		
b. Assess comprehensively as indicated by patient needs and circumstances.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	N̶A̶ S	S	S		
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	NA	NA	N̶A̶ S		
d. Evaluate patient's response to nursing interventions.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	NA	S	S		
e. Interpret cardiac rhythm; determine rate and measurements	S	S	NA	S	S	NA	NA	NA	**S**	NA	NA	S̶ NA	NA	N̶A̶ S	N̶A̶ S		
f. Administer medications observing the six rights of medication administration.	S	S	NA	S	NA	NA	NA	NA	**S**	S	NA	S̶ NA	NA	NA	N̶A̶ S		
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S̶ NA	NA	NA	NA		
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	NA	NA	N̶A̶ S		
Faculty Initials	**CP**	**CP**	**CP**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**AR**	**FB**	**BSc/ AR**		
cationClinical	3T	3T	3T	3T & QC	SP & CD	NA	NA	NA		DH	NA	Virtual Case	NA Virtual ED	Virtual Case	Virtual Case		

Comments:

*End-of- Program Student Learning Outcomes

Week 6- Preceptor comments for Special Procedures clinical: Excellent in all areas. Extremely motivated, started IVs, setup sterile procedure table; observed 3 angios, paracentesis, hand-off report to ICU. Preceptor comments for Cardiac Diagnostics clinical: – Excellent in all areas. Stress walking, 2 Lexiscan, TEE in OR, Bubble study, Definity, Pacer; very interested in learning. Preceptor comments for Infusion Center clinical: – Excellent in all areas. He did a great job today; was willing to do whatever was available for experience; RJ started an IV and accessed an infusa port. (1b,d)- Excellent in all clinical experiences this week, along with discussions via CDG postings. Keep up the great work! AR

Week 9 (1g)- Satisfactory with all IV skills during your Digestive Health clinical experience. AR

Week 11- RJ, great job demonstrating the management of patient care through a virtual clinical case study of a patient with an ACS/MI scenario, you provided a lot of detail and the use of clinical judgement skills. (1-e,f,g) These competencies cannot be evaluated because of the virtual case study. FB

Week 12 (1a,b)- Satisfactory completion via virtual ED clinical assignment. Please go back and review the beginning parts of the assignment as you didn't address the patient's confusion. AR

Week 13 (1a,d)- Great job with participation in synchronous discussion regarding care management and nursing interventions provided for a sepsis patient. FB

Week 13 (1e)- This competency was changed to a "S" related to completion of ECG booklet. Satisfactory completion of ECG interpretations as per ECG Monitoring Basics booklet assignment. AR

Week 14-1(a,b,c,d,f) RJ, 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 respiratory 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 his family. Satisfactory medication administration with virtual case study, and synchronous discussion in which we discussed this competency. You did an excellent job identifying the relationship of your patient's past medical history with his 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 14-1(e) Satisfactory completion of ECG interpretations as per ECG Monitoring Basics booklet assignment. AR

Week 14-1(h) Satisfactory participation in synchronous discussion in which we discussed this competency related to your respiratory patient. BSc

*End-of- Program Student Learning Outcomes

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **CC (noticing, interpreting, responding)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	NA	S	S		
b. Monitor for potential risks and anticipate possible early complications. **CC (noticing, interpreting, responding)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	~~NA~~ S	S	S		
c. Recognize changes in patient status and take appropriate action. **(noticing, interpreting, responding)**	S	S	NA	S	S	NA	NA	NA	S	NA	NA	S	~~NA~~ S	S	S		
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. **CC (noticing, interpreting, responding, reflecting)**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	~~S~~ NA	NA	S	~~S~~ 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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	~~NA~~ S		
Faculty Initials	**CP**	**CP**	**CP**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**AR**	**FB**	**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) Great job with pathophysiology CDG, correlating the disease process, signs and symptoms, potential risks, and using clinical judgement skills as you worked through the scenario. (2d) This competency will be evaluated when you complete the nursing care plan CDG. FB
Week 12 (2b,c)- Satisfactory completion of these competencies based on your virtual ED clinical assignment. Please take time to review the patient's symptom related to confusion. AR
Week 13 (2 b,c,d)- Great participation noted in synchronous discussion in regards to potential risks, early complications, changes in patient status, and providing appropriate nursing diagnosis. FB

Week 14-2(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 respiratory 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 going into respiratory failure from a diagnosis of pneumonia, 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 (intubation) for the patient. Great job! BSc

Week 14-2(f) RJ, excellent job with ABCDEF bundle. You did a great job applying all the tools of the bundle with the patient. The use of any sedating medication can cause delirium in a patient, which can than follow with a wide variety of medical issues. You did a great job using the bundle assessments to assist with clinical judgement skills. BSc

Objective																	
3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*																	
Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Critique communication barriers among team members (**Preceptorship**)	S	S	NA	S	NA	NA	NA	NA	**S**	NA	NA	NA	NA	NA	NA		
b. Participate in QI, core measures, monitoring standards and documentation.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	NA	NA	NA S		
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	S	S	NA	S	S	NA	NA	NA	**S**	S	NA	S	NA	NA	NA		
d. Clarify roles & accountability of team members related to delegation. (**Preceptorship**)	S	S	NA	S	NA	NA	NA	NA	**S**	NA	NA	NA	NA	NA	NA		
e. Determine the priority patient from assigned patient population. (**Preceptorship**)	S	S	NA	S	NA	NA	NA	NA	**S**	NA	NA	NA	NA	NA	NA		

*End-of- Program Student Learning Outcomes

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

Comments:

Week 5- Preceptor comments related to Quality Clinical: – Excellent in all areas. Participated in discussion; quick to discuss his answers when asked; no hesitation; Showed interest in the info; Satisfactory in all areas except actively engaged in the clinical experience (Excellent). (3b)- Satisfactory CDG posting related to your Quality Department clinical experience. Great job! AR

Week 6 (3c)- Excellent discussion via CDG posting related to your Infusion Center clinical experience. Keep it up! AR

Week 11- (3c)-Great job participating in the synchronous debriefing for this competency. FB

Week 14-3(b) Satisfactory documentation related to Pneumonia with virtual case study on your respiratory patient. BSc

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 9, C = I will ensure on submitting my evaluation tool on time from here on out but setting a reminded every Thursday that a tool is due regardless if ther was no clinicals that day and I will start this change by today 3/18/2020. Great plan RJ! AR

Week 11 (4a,b) These competencies unable to be evaluated this week. (4c) Professional behavior can be demonstrated through completing assignments on time and participating in synchronous clinical debriefing, great job. FB

Week 14-4(a) Satisfactory participation in synchronous discussion in which we discussed this competency. BSc

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2: Objective 5a**:** RJ per your preceptor Nichole, on 01/14/2020, you were satisfactory in all areas. <u>Preceptor Comments</u>: "RJ has great bedside manner and good skills with taking his time on skills." Keep up the great work R.J.! CP

Week 3: Objective 5a: R.J. per your preceptor Kara on 1-18-20, Excellent in all areas except Knowledge Base, Collection/Documentation, Establishment of Plan of Care, and Delegation (Satisfactory). Preceptor Comments: "Awesome rapport with patients and other staff members; very prompt and accurate information updates on patient status." Excellent work R.J.! CP Per your preceptor Nichole on 1-20-20, Excellent in all areas except Knowledge Base and Technical skills (Satisfactory). Preceptor Comments: "did great with 3 patients; needs some improvement on bathing patient in bed and changing sheets." Per your preceptor Nichole on 1-21-20 – Excellent in all areas. Preceptor Comments: RJ did great with answering patients' questions and helping other nurses on the floor. Keep up the great work RJ. CP

Week 5 (5a)- Preceptor comments per Nichole: Excellent in all areas. RJ did great with multiple patients, keeping up on charting and giving meds; was open to helping other nurses. Student Self-Goals: Be able to start multiple IV without missing. Per Nichole: Excellent in all areas. Did 2 good IV starts with minimal assistance. Student Self-Goals: Have 5 patients to start with and start IV and dressing change. Great job RJ!! AR

Week 11 (5 b,c,d) Unable to evaluate these competencies this week. FB

Week 14-5(c,e) Excellent participation this week in our synchronous discussion in which we discussed both of these competencies related to your respiratory patient. You also did an excellent job utilizing the ABCDEF Bundle for your assigned patient to support safety and quality. BSc

*End-of- Program Student Learning Outcomes

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

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

Comments:

Week 3: Objective 6a: R. J. you satisfactorily completed your Hand-off Report Competency with a score of 40/40. Per your preceptor Nichole, "He did a great read off report sheet, in order, and gave updates on what happened over night." Nice job R. J. CP

Week 5 (6f)- Excellent CDG postings related to Quality and Preceptorship experiences. Keep up the great work! AR

Week 6 (6c,f)- Excellent CDG postings related to your Infusion Center, Cardiac Diagnostics, and Special Procedures clinical experiences this week! Great job! AR

Week 11 (6 a,b,c,d)- Great job participating in the synchronous online debriefing discussion. (6e) Unable to evaluation this week. (6f) Excellent job with your CDG post and following all guidelines per the CDG rubric. FB

Week 12 (6b,c,d,f)- Satisfactory by completion of virtual ED clinical assignment and online discussion. Keep up the great work! AR

Week 13 (6b,c,f)- Satisfactory completion of Patient Advocate/Discharge Planner virtual clinical and online discussion related to advocacy, support, and discharge planning. Great job! AR

Week 14-6(a,b,c,d) You proved to be satisfactory in each of these competencies with your virtual clinical experience. You collaborated with other members of the health care team, educated your patient and his family, and delivered effective and concise hand-off reports. Keep up all your great work! BSc

*End-of- Program Student Learning Outcomes

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

Comments:

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2020

*End-of- Program Student Learning Outcomes

| Skills Lab Competency Evaluation

Performance Codes:

S: Satisfactory

U:Unsatisfactory	Lab Skills									
	(1,3,4,6)*IV Start	3,4,5,6)* Blood Admin./IV Pumps	DelegationPrioritization/	* Critical Care Meditech Document	3,4,5,6)*Physician Orders	(1,3,6,7)*Resuscitation	4,6)* Central Line/Blood Draw/Ports/IV Push	*AssessmentHead to Toe	ents/CTECG/Telemetry	5,6)*ECG Measurements
	Date: 1/7/20	Date: 1/7/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives
Comments:
IV Start Lab: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. AR/BS/CP/BSc
Blood administration/IV pump: Satisfactory participation practice with blood administration safety checks. Great job with priming tubing, secondary IV medication pump set up, and the use of the IV drug dose library. FB
Prioritization/Delegation: You have successfully completed your skills lab for delegation and prioritization. You satisfactorily prioritized care for multiple patients using multiple methods (i.e. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks based on the skill level and scope of practice for each member of your team. You actively participated in the group discussion on delegation of nursing tasks and your team shared several important factors to consider when delegating, including scope of practice and skill level of the delegate, nursing laws, facility policy, and condition of the patient. Great job! CP
Meditech Documentation: Satisfactory completion of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB
Physician Orders: Satisfactory completion of physician order labs utilizing SBAR communication and taking orders over the phone. Good job! BS/BS
Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR
Central Line Dressing: Satisfactory central line dressing change using proper technique, as well as line flushing. FB
Ports/Blood Draw: You were satisfactory in accessing an Infusaport device. You also satisfactorily demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. CP
IV Push: Great job with reconstitution of powder with NS, and medication administration. FB
Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BS
ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads, satisfactory participation in review of Chest Tube/Atrium tutorial. BS/BSc
ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

*End-of- Program Student Learning Outcomes

Student Name: Raymart Dante   **Clinical Date: 4/8/2020**

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 Comments

Nursing Diagnosis: (3 points)
  Problem Statement (1)
  Etiology (1) (0.5)
  Defining Characteristics (1) (0.5)
	Total Points 2.0
	Comments: Nursing diagnosis is appropriate but the etiology could be more specific such as : R/T bacterial entry into the urinary tract. The defining characteristics are supportive of the given nursing diagnosis but a very important one that was omitted was increased WBC's.

Goal and Outcome (6 points total)
Goal Statement (1 point)
Outcome:
  Specific (1)
  Measurable (1)
  Attainable (1)
  Realistic (1)
  Time Frame (1) (0)
	Total Points 5
	Comments: Goal statement is generalized and related to the NANDA problem. Outcomes follow the SMAR portion of the acronym. All defining characteristics were addressed that you mentioned with the nursing diagnosis. Outcomes were not timed (by discharge).

Nursing Interventions: (8 points total)
  Prioritized (1) (0.5)
  What (1)
   How Often (1)
  When (1)
  Individualized (1)
  Realistic (1)
  Rationale (1)
  All pertinent interventions listed (1) (0)
	Total Points 6.5
	Comments: Sufficient amount of nursing interventions are provided. The first one is too vague. Some nursing interventions that should have been a priority are obtain urine C&S, monitor WBC count, encourage voiding often every 2-3 hours daily, and encourage oral intake.

Evaluation: (5 points total)
  Date (1)
  Goal Met/partially/unmet (1)
  Defining characteristics (1)
  Plan to continue//modify/terminate (1)
  Signature (1)
	Total Points 5
	Comments: Evaluation complete with all necessary aspects.

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 = 18.5 Comments: Satisfactory care plan. FB

*End-of- Program Student Learning Outcomes

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

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	ogy)Rachael Heidebrink	acology)Junetta Cooper	acology)Mary Richards	Surgical)Lloyd Bennett	gical)Kenneth Bronson	macology)Carl Shapiro
	Date: 2/14/20	Date: 2/28/20	Date: 3/13/20	Date: 3/20/20	Date: 3/26/20	Date: 4/9/20
Evaluation	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	FB	FB
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
COMPONENTS NOTICING: (1, 2, 5)*					Team enters and identifies patient, establishes orientation. Patient CO being very tired. Monitor applied, notices HR dropping. Patient questioned about symptoms. HR noticed to still be dropping.
• Focused Observation:		**E**	A	D	
B					
• Recognizing Deviations from Expected Patterns:		**E**	A	D	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.
B					
• Information Seeking:		**E**	A	D	
B					
					Team enters and finds unresponsive patient.
INTERPRETING: (2, 4)*					HR determined to be bradycardic. Team discussed monitor and rhythm change interpreted to be 2nd degree type 2 heart block, which changes to a 3rd degree. 3rd degree block interpreted to need paced.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:		**E**	A	D	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.
B					
					Rhythm interpreted to be in
RESPONDING: (1, 2, 3, 5)*					O2 applied in response to SpO2 90%. Call to physician to give report and request atropine for low HR. Dose range provided. Order received and read back. Atropine prepared and administered correctly. Call to physician to report vomiting and HR of 29, 2nd degree type 2 block that progresses to a 3rd degree block. Caller recommends transcutaneous pacemaker. Order received to pace.
• Calm, Confident Manner:	**E**	A	D	B	
• Clear Communication:		E	**A**	D	
B					
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	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
• Being Skillful:		**E**	A	D	
B					

*End-of- Program Student Learning Outcomes

16

	cardioversion. Team administers 5 mg morphine. Applies patches. CPR initiated, code called, patches applied and ambu bag initiated. Defibrillator charges and patient shocked, CPR. Shock, CPR, Epi (q 3-5 min)
REFLECTING: (6)* • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussion about how they prioritized care as the scenario progressed. Also discussed the importance of working as a team in the treatment of symptomatic bradycardias. Indications for transcutaneous pacing discussed and demonstrated (how to achieve capture with each spike). Discussed the fact that pacing will cause pain that needs to be medicated, until a trans-venous or permanent pacemaker is placed. Team discussion of therapies to treat a-fib. Medication review and discussion of synchronized cardioversion. Nice job keeping patient informed. Team discussion of code blue scenario. Team recognized v-tach on monitor and initiated CPR, called the code, applied the patches. Remember to shock as soon as possible. Amiodarone discussed as a medication used in addition to epinephrine in a code blue scenario. Amiodarone, in this case, would be given as a 300 mg push, followed by a 150 mg push, followed by a drip. Discussed K+ of 2.8 as potentially being the cause of cardiac arrest.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	**You are satisfactory for this simulation, good job!**

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)*					Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from					Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care plan.
Expected Patterns:	**E**	A	D	B	
• 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)*					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.
• Prioritizing Data:	**E**	A	D	B	
• Making Sense of Data:	E	**A**	D	B	
					Interpreted current diagnosis and past medical history and

*End-of- Program Student Learning Outcomes

18

					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)* • Calm, Confident Manner: • Clear Communication: • Well-Planned Intervention/ Flexibility: • Being Skillful: B	E E E 	A A A E	D D D A	B B B D	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! Able to identify ways to help improve the patient's ability to be compliant with new medications after discharge. 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. Discussed the necessary components to include during change of shift hand-off report utilizing SBAR.
REFLECTING: (4,6)* • Evaluation/Self-Analysis: • Commitment to Improvement:	 E E	 A A	 D D	 B B	Able to identify new knowledge obtained through the virtual simulation and how to apply to future patient care scenarios. Acknowledged the importance of customizing teaching to accommodate patient lifestyle. Asked appropriate questions to gain understanding of information provided.
Developing to accomplished in all areas is required for satisfactory completion of this simulation.					**Comments:** **Overall fantastic job with the STEMI Comprehensive Simulation.**

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/1587138444/public/upload/firelands/media/dropbox/80803-R.DanteWeek14ClinicalTool.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:

*End-of- Program Student Learning Outcomes

AR 12/20/19