

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

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

Student:
Semester:

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
2/14/2020	2H	Missed vSim	2/17/2020 (2H)
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:	S	S	S	NA	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	S
a. Manage complex patient care situations with evidence of preparation and organization.	S	S	S	NA	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	S
b. Assess comprehensively as indicated by patient needs and circumstances.	S	S	S	NA	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	S
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	S	S	S	NA	S	S	NA	NA	S	NA	NA	NA	S	S	S	NA	S
d. Evaluate patient's response to nursing interventions.	S	S	S	NA	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
e. Interpret cardiac rhythm; determine rate and measurements	NA	S	S	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	S	NA	S
f. Administer medications observing the six rights of medication administration.	S	S	S	NA	S	NA	NA	NA	S	NA	NA	NA	S	S	S	NA	S
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	S	S	S	NA	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	BSc	BS	BS	FB	BSc	BSc
cationClinical	4P Preceptors	4P Preceptors	4P Preceptors	Quality assurance/	Special Procedures	Cardiac Diagnostic	Simulation			No Clinical	No clinical	Virtual clinical ACSMI	Virtual clinical ER/DH	Virtual sepsis clinical	Virtual Respiratory clinical	No Clini cal	

Comments:

Week 2: Objective 1e: Leandra, I changed your NI to an S. If you were able to view strips and practice interpreting the strips, this is great for your first week of clinical. You will continue to work on interpretation of strips throughout the semester, especially during your clinical on 4C and 4P. You will be expected to become more skilled at interpreting rhythm strips as the semester progresses. CP

*End-of- Program Student Learning Outcomes

Week 6: Preceptor comments for Special Procedures: Excellent in all areas. Student had really good questions and was very engaged with experience. (1b,d)- Satisfactory clinical and discussions for Special Procedures and Infusion Center clinical experiences. Keep up the great work! AR

Week 11-1(a,b,c,d,f) Leandra, you proved that you are satisfactory with managing complex patient care situations with evidence of preparation and organization based on your performance with your virtual clinical ACS patient in the unfolding case study after revisions were made. Your critical thinking and clinical judgment proved your ability to assess comprehensively as indicated by the patient needs and circumstances throughout the case study, as well as evaluate your patient's response to the nursing interventions. You also showed respect for both the patient and the family's perspectives and values by identifying how the patient was feeling, as well as identifying teaching and learning needs for both the patient and her family. Satisfactory medication administration and cardiac rhythm interpretation with virtual case study. You did an excellent job identifying the relationship of your patient's past medical history with her current medications. You also did a great job correctly identifying the pharmacologic classification of each medication, as well as the expected outcome. Keep up all your great work! BSc

Week 12 (1a,b)- Satisfactory achievement related to thorough completion of your virtual Emergency Department clinical assignment. (1g)- Satisfactory achievement related to your virtual Digestive Health clinical assignment. Keep up the great work! AR

Week 13- 1a,d- Nice job caring for your virtual patient this week. Your responses to the case study suggest you are ready and able to assess and care for a patient suffering from sepsis and fluid volume deficit. You were also able to respond to changes in condition with appropriate nursing interventions. Good work! BS

Week 13- (1e)- Satisfactory completion of ECG interpretations as per ECG Monitoring Basics booklet assignment. AR

Week 14- Great job demonstrating proper management of care of a critical respiratory care patient, through the use of a case study and virtual discussion. (1h,f)- Great participation in synchronous discussion of medication administration, and proper response to alarms with appropriate nursing interventions. FB

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

Week 11-2(a) You are off to a great start with your pathophysiology CDG. You need to provide more detail related to the rationale for each lab and diagnostic test, and how it correlates to a diagnosis of a STEMI. You did a great job listing all the pertinent labs, but you need to explain why these would be performed for a patient with a STEMI, and what result is expected for a patient with a STEMI, even if it is not the result your patient actually had. In simpler terms, what information can we get about the patient from each of the lab results that were run? For diagnostic tests, do you think you need to include the patient's EKG as well as the Echocardiogram? Again,

*End-of- Program Student Learning Outcomes

explain how the test correlates to a diagnosis of a STEMI, what the tests can tell us, and what the actual results were for your patient. Please be more specific as to how the patient's symptoms correlate to a diagnosis of a STEMI as well. Lastly, are there any other nursing interventions that should be included that you are maybe missing? You did an excellent job describing the pathophysiology of a STEMI. Please make these revisions to become satisfactory. If you have any questions, please do not hesitate to reach out. BSc Week 11-2(a) Satisfactory revisions made to pathophysiology. Great job! BSc

Week 11-2(b,c) Leandra, you proved that you were satisfactory with monitoring for potential risks and anticipating possible early complications, as well as recognizing changes in patient status and taking appropriate action with your virtual clinical experience after revisions were made. BSc

Week 12 (2b,c)- Satisfactory with completion of virtual Emergency Department clinical. Keep up the great work! AR

Week 13- 2a,b,c,d- With the revisions you made, your Care Plan is now appropriate and satisfactory. This is reflected on your Care Plan rubric below. Good participation during the post-conference Zoom meeting. BS

Week 14- Great job demonstrating the use of clinical judgement skills through the use of a complex case study. (2d,f)- These competencies were changed on the CDG completed this week, which was the ABCDEF bundle. Good job with the ABCDEF bundle including all aspects of the bundle, assessment findings, and trending criteria for each section. FB

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	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	S
a. Critique communication barriers among team members (Preceptorship)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	S
b. Participate in QI, core measures, monitoring standards and documentation.	NI NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	S	S	S	NA	S
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	S
d. Clarify roles & accountability of team members related to delegation. (Preceptorship)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	S
e. Determine the priority patient from assigned patient population. (Preceptorship)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	S
Faculty Initials	CP	CP	CP	AR	BSc	AR	BS	FB	BSc								

Comments:

Week 2: Objective 3b: Leandra, I changed your “NI” to an “NA.” You will gain experience with this competency during your QA/Core Measure clinical. CP

Week 5- Comments per Quality Department preceptors: Interest shown in this presentation; good participation. (3b)- Satisfactory discussion via CDG posting related to your Quality Department clinical experience. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Week 11-3(b,c) Satisfactory documentation related to a STEMI with virtual case study on your ACS patient. Satisfactory participation in debriefing synchronous discussion in which we discussed strategies to achieve fiscal responsibility in clinical practice. Excellent job! BSc.

Objective

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

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

Comments:

Week 14 (4a)- This competency was fulfilled during synchronous discussion. Great job providing important legal and ethical issues that can be presented in the clinical setting. FB

Objective

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

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

Comments:

Week 2: Objective 5a: Leandra, per your preceptor Stacia on 01/14/2020, satisfactory in all areas except Professionalism and Attendance (Excellent)

Keep up the good work! CP

Week 3: Objective 5a: Leandra, per your preceptor Stacia on 1-19-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent).

Preceptor Comments: “Continues to excel; will continue to work on documentation and time management.” Keep up the great work Leandra! Per your preceptor Stacia on 1-21-20, satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: “Attempted first IV; continue to work on confidence and time management.” Per your preceptor Stacia on 1-23-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: “Started 1st IV successfully; improvement in confidence and handoff report.” Great job Leandra! Keep up the great work! CP Per your preceptor Stacia on 1-24-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: Continues to improve; continuing to work on documentation and time management. CP

Week 4: Objective 5a: Leandra per your preceptor Stacia on 1-29-20 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Preceptor Comments: “Great last day! Continued improvement in confidence and charting. Leandra has improved her patient care skills over the last six days.” Excellent work Leandra! CP

Week 13- 5a- Good performance on the virtual case-study. Your responses show the reader you are informed and capable of caring for a patient with sepsis. BS

Week 14 (5c, e)- Great job providing factors for a culture of safety, and the use of EBP tools that support safety during synchronous discussion. FB

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

Comments:

Week 2: Objective 6d: Leandra, please let me know if there is anything I can do to assist you with hand-off report. CP

Week 3: Objective 6d: Leandra, I changed your “NI” to an “S” You have satisfactorily completed your hand-off report competency with a score of 38/40, nice job! CP

Week 4: Objective 6d: Leandra, thank you for continuing to complete the Hand-off Report competency each week and receiving feedback on your performance. I appreciate your commitment to continuous improvement! Keep up the great work! CP

Week 5 (6f)- Satisfactory CDG posting for your Quality Department clinical this week. Keep up the great work! AR

Week 6 (6c,f)- Satisfactory CDG postings related to your Special Procedures and Infusion Center clinical experiences. Great job! AR

Week 11-6(a,b,c,d) Satisfactory participating in synchronous debriefing discussion in which we discussed all of these competencies. Additionally, you proved to be satisfactory in each of these competencies with virtual clinical experience as well after revisions. You collaborated with other members of the health care team, educated your patient and her family, and delivered effective and concise hand-off reports. Keep up all your great work! BSc

*End-of- Program Student Learning Outcomes

Week 11-6(e) Satisfactory documentation with virtual case study. BSc Week 11-6(e) Satisfactory revisions made. BSc

Week 11-6(f) This competency will be graded as satisfactory when I receive your revisions for your pathophysiology. BSc

Week 12 (6b,c,d,f)- Satisfactory based on completion of virtual Emergency Department clinical assignment and online discussion. Great job. AR

Week 13- 6a,b,c,d,f- Your work on the virtual case-study allowed you to illustrate examples of collaboration with physicians, fellow nurses, patient, and family members. You were also able to mention specific education and discharge needs for the patient/family. Following revisions, your Care Plan is now satisfactory, nice work. BS

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
a. Value the need for continuous improvement in clinical practice based on evidence.	S	S	S	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
b. Accountable for investigating evidence-based practice to improve patient outcomes.	S	S	S	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
c. Comply with the FRMCSN "Student Code of Conduct Policy."	S	S	S	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	S	S	S	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	S
Faculty Initials	CP	CP	CP	AR	BSc	AR	BS	FB	BSc	BSc							

Comments:

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2020

Skills Lab Competency Evaluation	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

<p>Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating Student Name: L. Gump</p>	<p>Total Points 16/22 20.5/22 Comments Please make the suggested changes. Suggested changes have all been made and are incorporated into the care plan. Clinical Date: 1/17/20 Good work! BS</p>
<p>Nursing Diagnosis: (3 points) Problem Statement (1) 0 1 Etiology (1) 0 1 Defining Characteristics (1) 0.5 0.5</p>	<p>Total Points 0.5/2.5 Comments: Leandra, I don't know where you found it but your nursing diagnosis is not a NANDA diagnosis according to my resources. Your etiology is a medical diagnosis, which is not allowed. (r/t infectious process would be acceptable). Your defining characteristics should all be related to your diagnosis. If you are saying that the lactate and procalcitonin levels provide evidence of your diagnosis, you can have them listed as N/A? This doesn't provide evidence. Continuous pain 5/10- Where? Your "re-do" of the care plan included an acceptable diagnosis with problem statement and etiology.</p>
<p>Goal and Outcome (6 points total) Goal Statement (1 point) 0 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1</p>	<p>Total Points 5.5/6 Comments: Your goal should be a positive re-stating of your nursing diagnosis. Much better, new goal statement re-stated in a satisfactory manner.</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 0.5 What (1) 1 How Often (1) 0.5/1 When (1) 0.5/1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 0.5/1 All pertinent interventions listed (1) 0.5</p>	<p>Total Points 5.5/7 Comments: Most interventions have times/how often, rationales for medications (these all have specific reasons for being given). There was one specific intervention that lead to an improvement in condition, What was it? Nursing interventions are now all timed and all have rationales, good work.</p>
<p>Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 0.5 Plan to continue//modify/terminate (1) 1 Signature (1) 1</p>	<p>Total Points 4.5/5 Comments: #10If your proposed outcome was Pain 0-2/10, does resting comfortably meet this? All defining characteristic are now addressed in your evaluation, good job.</p>
<p>*End of Program Student Learning Outcomes Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan</p>	<p>Total Points for entire Care plan = 16/22 20.5/22 Comments: Unsatisfactory/Care Plan is now satisfactory. BS</p>

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

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	gy)Rachael Heidebrink	acology)Junetta Cooper	acology)Mary Richards	Surgical)Lloyd Bennett	rgical)Kenneth Bronson	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	U	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	BSc	BS
Remediation: Date/Evaluation/ Initials	2/17/2020 S AR	NA	NA	NA	NA	NA

* Course Objectives

2/14/2020- You did not register for the AMSN 2020 class therefore results were not visible to faculty. AR

2/17/2020- You correctly registered for the class and results now visible to faculty. AR

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Gump, A Smith, Wright**

OBSERVATION DATE/TIME: **2/27/20**

SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>Team enters and identifies patient, establishes orientation. Patient CO dizziness, being tired. Begins assessment and applies monitor. Patient noted to be bradycardic. Patient kept informed of plan of care. SpO2 noted to be low. Good education for patient. BP re-evaluated following atropine. Rhythm change noticed.</p> <p>Team enters and identifies patient, attaches monitor and begins assignment. Notices elevated HR. A-fib explained to patient. Following Cardizem initiation, BP noted to be low, patient CO being very dizzy. Patient coughing and SOB.</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>Rhythm initially noted to be sinus bradycardia. Rhythm change interpreted to be 2nd degree type II heart block.</p> <p>Rhythm interpreted to be a-fib. SOB interpreted to be sign of fluid overload. Crackles noted in lungs.</p> <p>Team enters and finds patient unresponsive.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 					<p>O2 applied. Call to physician to give update and request medication to increase HR, suggests atropine, recommends correct dose. Atropine administered correctly. Fast patches applied. Call to physician to report rhythm change with suggestion to transcutaneous pace.</p> <p>Call to physician to report a-fib and palpitations, suggests amiodarone or diltiazem (good catch, this is a CCB but after 12 years this would be ok). Correct doses provided. Orders received and read back. Fast patches applied. Diltiazem (Cardizem) bolus prepared and administered correctly, drip initiated. Cardizem concentration discussed.</p>

*End-of- Program Student Learning Outcomes

	<p>Call to physician to report hypotension and patient complaints of palpitations and dizziness. Fluids suggested, physician asks how to administer. Bolus suggested. Order received and read back. Bolus administered. Fluids stopped. Call to physician, history reveals CHF and EF of 40%.</p> <p>Code blue called. CPR initiated. 1 mg EPI, fast patches applied, defibrillator charged and shock delivered, resume CPR, defibrillator charged, shock delivered, EPI. Another drug used in this situation is amiodarone (300 mg bolus, 150 mg bolus, drip)</p>
<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 of the treatments for bradycardias and symptomatic bradycardias. Discussion on recognizing the differences between the various heart blocks. Discussion and demonstration of transcutaneous pacing and the need to control pain through the process, also the fact that this is often followed by placement of a trans-venous pacemaker until a decision is made to determine the need for a permanent one.</p> <p>Discussion of the recognition of a-fib with RVR and its effect on HR and cardiac output, as well as associated symptoms. Medications to treat a-fib were discussed, including Cardizem (diltiazem- to decrease ventricular rate) and amiodarone. If medications are unsuccessful, another option is to perform a synchronized cardioversion. Synchronized cardioversion demonstrated. The importance of sedation for this procedure discussed.</p> <p>Code blue scenario and priority of care discussed. Important to immediately; call code, CPR, attach pads and defibrillate, EPI (q 3 min). Another medication option is amiodarone. The importance of teamwork was also discussed.</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>

*End-of- Program Student Learning Outcomes

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 L. Gump

Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>NOTICING: (2,6)*</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>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>

*End-of- Program Student Learning Outcomes

<p>INTERPRETING: (1,2,3,6)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<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>RESPONDING: (1,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>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>
<p>REFLECTING: (4,6)*</p> <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>
<p>Developing to accomplished in all areas is required for satisfactory completion of this simulation.</p>	<p>Comments:</p> <p>Overall fantastic job with the STEMI Comprehensive Simulation. BS</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/1587655085/public/upload/firelands/media/dropbox/81180-L.GumpWeek15ClinicalTool.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