

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2021**

**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
Brittany Lombardi, MSN, 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 in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". 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, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, 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 or needs improvement 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 or needs improvement 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
- ABCDEF Bundle Grading Rubric
- Pathophysiology Grading Rubric

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		
BL	Brittany Lombardi, MSN, 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.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

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. (Responding)	S																
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S																
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S																
d. Evaluate patient's response to nursing interventions. (Reflecting)	S																
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S																
f. Administer medications observing the six rights of medication administration. (Responding)	N/A																
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	N/A																
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S																
Faculty Initials	BS																
Clinical Location	ICU	PRE GRE SSI VE CAR E	ICU	CAR DIA C DIA GN OST IC	SPE CIA L PRO ./INF USI ON	NO CLI NIC AL	NO CLI NIC AL			PM	PM	PM	QU ALI TY/ COR E	PAT IET NT AD VOC ATE	DH	NO CLI NIC AL	

*End-of- Program Student Learning Outcomes

Comments:

Week 2- 1a, b- Good job assessing and managing care for your patient on 4C this week BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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:	S																
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding)	NI																
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S																
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S																
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	S																
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	S																
Faculty Initials	BS																

Comments:

Week 2-2a- You did a nice job on your pathophysiology CDG, it just needs a little more information. Please review comments on the rubric and resubmit back to me via email. BS

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 2- 3a- You did a nice job discussing this during post-clinical conference. BS

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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. (Interpreting)	S																
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	N/A																
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S																
Faculty Initials	BS																

Comments:

Week 2- 4a, c- You did a nice job discussing this during post-clinical conference. Professional behavior exhibited at all times BS

Objective

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

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

Comments:

Week 2- 5c- You did a nice job discussing this during post-clinical conference. Nice work in the clinical setting. BS

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

Comments:

Week 2- 6f- You did not include a reference or internal citation in your CDG. Please respond below on how you will prevent this in the future. 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																
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																	
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S																
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S																
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S																
Faculty Initials	BS																

Comments:

Skills Lab Evaluation Tool
AMSN
2021

Skills Lab Competency Evaluation	Lab Skills									
	Critical Care Meditech Document (1,2,3,4,5,6)*	Physician Orders (1,2,3,4,5,6)*	Prioritization/ Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/7/2021	Date: 1/7/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation 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's order lab utilizing SBAR communication and taking orders over the phone. Good job! BL/BS

Prioritization/Delegation: You have successfully completed the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks for your assigned patients. 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

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. AR/BS/CP/BSc

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks activity. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. FB

Central Line Dressing Change/IV Push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

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

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL/BS

ECG/Telemetry Placements/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial. BL/BS¹¹

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
2021

Student Name:

Clinical Date:

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2021
Simulation Evaluations

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Rachael Heidebrink (Pharmacology) (1. 2. 6. 7)*	Junetta Cooper (Pharmacology) (1. 2. 6. 7)*	Mary Richards (Pharmacology) (1. 2. 6. 7)*	Lloyd Bennett (Medical-Surgical) (1. 2. 6. 7)*	Kenneth Bronson (Medical-Surgical) (1. 2. 6. 7)*	Carl Shapiro (Pharmacology) (1. 2. 6. 7)*
	Date: 2/9/2021	Date: 2/26/2021	Date: 3/12/2021	Date: 3/19/2021	Date: 3/25/2021	Date: 4/22/2021
Evaluation						
Faculty Initials						
Remediation: Date/Evaluation/ Initials						

* Course Objectives

ABCDEF Bundle Grading Rubric

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2021

Student Name:

Clinical Date:

<p>1. (A) Assess Prevent and Manage Pain (5 points total)</p> <ul style="list-style-type: none"> • Results of subjective and objective comprehensive pain assessment are explained including the clinical tool results and validation of pain (1) • Comparison results/trending (1) • Explanation of what the patient is receiving for pain management, and whether or not it is working (1) • Non-pharmacological interventions discussed for pain management (1) • Underlying cause/reason/diagnosis for patient’s pain is discussed (1) 	<p>Total Points: Comments:</p>
<p>2. (B) Both Spontaneous Awakening Trials and Spontaneous Breathing Trials (7 points total)</p> <ul style="list-style-type: none"> • Patient’s subjective and objective comprehensive respiratory assessment explained (1) • Background history provided on patient’s respiratory status (1) • Explanation provided of patient’s cardiac status (1) • Safety screening assessments for SAT and SBT discussed (1) • Spontaneous Awakening Trials and Breathing Trials tried on patient discussed (1) • Explanation of sedation medication titrations based on results (1) • All diagnostic pulmonary results discussed (1) 	<p>Total Points: Comments:</p>
<p>3. (C) Choice of Analgesia and Sedation (6 points total)</p> <ul style="list-style-type: none"> • Comprehensive neurological assessment completed and results discussed (1) • RASS results discussed (1) • Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, agitation, and sedation discussed (2) • Other reasons for patient’s change in mentation status or sedation identified and explained (1) • Trending/changes in patient’s status since admission to unit reviewed and discussed (1) 	<p>Total Points: Comments:</p>
<p>4. (D) Delirium: Assess, Prevent, and Manage (6 points total)</p> <ul style="list-style-type: none"> • Delirium assessment completed on patient (RASS and CAM- 	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> ICU tools) and results discussed (2) • Patient’s assessment since admission trended/reviewed and changes discussed (1) • Medications and conditions that place the patient at risk for delirium are identified and explained (2) • Family’s feelings and observations about patient’s confusion, mentation, and agitation discussed now and prior to admission (1) 	
<p>5. (E) Early Mobility and Exercise (6 points total)</p> <ul style="list-style-type: none"> • Patient’s strength and mobility assessed and discussed (1) • Patient’s cardiac status explained (1) • Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) • Explanation of interdisciplinary team and family involvement in patient’s mobility and exercise (1) • Problems/diagnoses/results hindering patient’s mobility and exercise identified and explained (1) 	<p>Total Points: Comments:</p>
<p>6. (F) Family Engagement and Empowerment (6 points total)</p> <ul style="list-style-type: none"> • Family/significant others concerns, wishes, participation, and involvement in patient’s care identified and discussed (2) • Rapport and communication between patient, family, and health care providers discussed (2) • Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2) 	<p>Total Points: Comments:</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	

Student Name: **C. Cisco**

Clinical Date: **1/12/2021 – 1/13/2021**

1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none">• Current Diagnosis (1) 0.5• Past Medical History (1) 1	Total Points: 1.5 Comments: Nice job but could use a brief description of patient. Remember to use edema instead of swelling.
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) <ul style="list-style-type: none">• Pathophysiology-what is happening in the body at the cellular level (1) 1	Total Points: 1 Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) <ul style="list-style-type: none">• All patient's signs and symptoms included (1) 1• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)1• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1) 0.5	Total Points: 2.5 Comments: Suggestion: how do your patient's signs and symptoms correlate with sepsis?
4. Correlate the patient's current diagnosis with all related labs. (4 points total) <ul style="list-style-type: none">• All patient's relevant lab result values included (1) 1• Rationale provided for each lab test performed (1) 1• Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) 1• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1) 0	Total Points: 3 Comments: Suggestion: Suggestion: how do your patient's related lab values correlate with sepsis? Ex. Lactic acid is related to sepsis, what is his and does this support the diagnosis of sepsis?
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) <ul style="list-style-type: none">• All patient's relevant diagnostic tests and results included (1) 1• Rationale provided for each diagnostic test performed (1) 0• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) 1• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1) 0	Total Points: 2 Comments: Suggestion: Why are we doing these tests and how do they relate to sepsis?
6. Correlate the patient's current diagnosis with all related medications. (3 points total) <ul style="list-style-type: none">• All related medications included (1) 1• Rationale provided for the use of each medication (1) 1• Explanation of how each of the patient's relevant	Total Points: 2.5 Comments: Good job with medications and rationales. Remember to address how they relate to the diagnosis. Ex. Omeprazole reduces risk of GI bleed- what is the correlation to sepsis here? (Stool

medications correlate with current diagnosis (1) 0.5	could enter the site of the bleed increasing the amount of Ecoli bacteria in the blood)
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) <ul style="list-style-type: none"> All pertinent past medical history included (1) 1 Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 1 	Total Points: 2 Comments: Good job correlating current diagnosis with pertinent PMH.
8. Describe nursing interventions related to current diagnosis. (1 point total) <ul style="list-style-type: none"> All nursing interventions provided for patient explained and rationales provided (1) 0.5 	Total Points: 0.5 Comments: Any other interventions? Why are they being done?
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	15- Needs improvement. What you have is good, it just needs some additional information. Please review comments, make adjustments, and email them to me. New score will be reflected on next week's tool.

EVALUATION OF CLINICAL PERFORMANCE TOOL

Advanced Medical Surgical Nursing- 2021
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 12/28/2020