

**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:	NA	S	S	S													
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	NA	S	S	S													
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA	S	S	S													
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	NA	S	S	S													
d. Evaluate patient’s response to nursing interventions. (Reflecting)	NA	S	S	S													
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	S	S NA													
f. Administer medications observing the six rights of medication administration. (Responding)	NA	S	S	S													
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	S	NA													
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	S	S	S													
Faculty Initials	AR	AR	AR	BL													
Clinical Location	NO CLI NIC AL	Infusion Center	SP, CD, SH	4P													

Comments:

*End-of- Program Student Learning Outcomes

Week 3 - Comments per Infusion Center Preceptor: "Excellent in all areas." (1d)- Excellent discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 4- Comments from Special Procedures Preceptor: Excellent in all areas. "Nice job with IV starts; great interaction with vascular surgeon." Comments from Cardiac Diagnostics Preceptor: Excellent in all areas. "Makayla did an excellent job; she will be a great RN!". (1b,d)- Satisfactory discussion via CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences. Keep up the great work! AR

Week 5-1(a-d, f, h) Makayla, you did an excellent job taking care of your patient this week while managing complex care situations. Your care was very organized and you were well prepared. You did a great job prioritizing your respiratory assessment for this patient, and monitoring his oxygenation status very closely. You had excellent communication with the patient on both days, and respected his values. You also did a great job responding appropriately to equipment alarms. Your medication passes were very well done on both days, and you were able to administer numerous IVP medications, as well as hang maintenance fluids. You also had the opportunity to do a line draw both days off of your patient's central line, and you did a great job. Keep up all your great work! BL

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:	NA	S	S	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)	NA	S	S	S													
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	S	S	S													
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	NA													
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	NA	NA	NA	NA													
Faculty Initials	AR	AR	AR	BL													

Comments:

*End-of- Program Student Learning Outcomes

Week 5-2(a) You are off to a great start with your pathophysiology, but there is some additional information that is needed. Please review all my feedback on the Pathophysiology Rubric in order to make the revisions necessary to become satisfactory for this competency. These revisions are due by 2/10/21 at 1700. Please let me know if you have any questions. BL

Week 5-2(b) You did an excellent job this week performing a thorough assessment on your patient in which you noticed his Foley Catheter was leaking and causing him pain. The patient had dried urine all over his legs, so it was evident this problem had been occurring for some time and had gone unnoticed. It was because you noticed this that you were able to let the primary RN know right away and the catheter was able to be removed preventing any complications from occurring. Great job! BL

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:	NA	NA	NA	S													
a. Critique communication barriers among team members. (Interpreting)																	
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	NA	NA S	S													
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	S	S	S													
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	NA	S													
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	NA	NA	NA	NA													
Faculty Initials	AR	AR	AR	BL													

Comments:

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

*End-of- Program Student Learning Outcomes

Week 4 (3b,c)- Satisfactory Quality Scavenger Hunt clinical experience and discussion via CDG posting. Keep up the great work! AR

Week 5-3(c) This week you did an excellent job utilizing the PAR system appropriately to charge out items that you needed to care for your patient. This is just one example of a way to ensure fiscal responsibility in clinical practice. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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:	NA	S	NA	S													
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	NA	S	NA	S													
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	NA	NA	S	S													
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	NA	S	S	S													
Faculty Initials	AR	AR	AR	BL													

Comments:

Week 5-4(a) Excellent job this week during debriefing in which you were actively involved in the discussion of this competency. You gave great examples of legal and ethical issues observed in the clinical setting. BL

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:	NA	S	S	S													
a. Reflect on your overall performance in the clinical area for the week. (Responding)	NA	S	S	S													
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	NA	S	S	S													
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc). (Interpreting)	NA	S	S	S													
d. Perform Standard/Standard Plus Precautions. (Responding)	NA	S	S	S													
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	NA	S	S	S													
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	NA	S	S	S													
Faculty Initials	AR	AR	AR	BL													

Comments:

Week 5-5(c, e) Excellent job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

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

Week 4 (6f)- Satisfactory CDG postings related to Cardiac Diagnostics, Quality Scavenger Hunt, and Special Procedures clinical experiences. Keep up the great work! AR

Week 5-6(a) Makayla, excellent job this week assisting on the unit with call lights and other patient needs when you had extra time. Teamwork is so important in nursing, and you definitely demonstrated all the qualities a good teammate has. I wanted to let you know that another RN on the unit did comment on your willingness to assist and how much she appreciated your help. Keep up the great work! BL

*End-of- Program Student Learning Outcomes

Week 5-6(e) Excellent job with all your documentation this week in clinical! Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. Keep up the great work! BL

Week 5-6(f) Unfortunately, I did have to change this competency to a U this week because you did not complete all the questions for your CDG. There were 3 additional questions that were to be answered in addition to your pathophysiology that were not included. These questions were listed on the “Clinical Sites: Directions, Instructions, and CDG” document that I discussed with you all in clinical. Going forward, please be sure that you are answering all the questions for your CDGs in order to avoid receiving another U. Please be sure to address this U on your tool next week. If you have any questions, please do not hesitate to ask. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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:	NA	S	S	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)	NA	S	S	S													
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	NA	S	S	S													
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	NA	S	S	S													
Faculty Initials	AR	AR	AR	BL													

Comments:

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
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/BL

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/BS

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

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
 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 	<p>Total Points: Comments:</p>

reviewed and discussed (1)	
4. (D) Delirium: Assess, Prevent, and Manage (6 points total) <ul style="list-style-type: none"> Delirium assessment completed on patient (RASS and CAM-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) 	Total Points: Comments:
5. (E) Early Mobility and Exercise (6 points total) <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) 	Total Points: Comments:
6. (F) Family Engagement and Empowerment (6 points total) <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) 	Total Points: Comments:
Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory	

Pathophysiology Grading Rubric

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

Student Name: Makayla Crossan

Clinical Date: 2/2/21-2/3/21

<p>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (1)-1 • Past Medical History (1)-1 	<p>Total Points: 2 Comments: Great job! You provided a nice description of your patient's admitting diagnosis and past medical history. BL</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1)-1 	<p>Total Points: 1 Comments: Great job! BL</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</p> <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 	<p>Total Points: 2 Comments: Overall, nice job. There needed to be a more detailed explanation of how all the patient's signs and symptoms he was experiencing correlated with his current diagnosis. In other words, what is happening in his body at the cellular level due to his diagnosis that causes these signs and symptoms? BL</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (1)-0.5 • 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)-1 	<p>Total Points: 3.5 Comments: Great job! The only relevant lab results that you did not include were the patient's ABGs. You made mention of them, but did not provide the actual values. BL</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</p> <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)-1 • 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)-1 	<p>Total Points: 4 Comments: Excellent job! BL</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p>	<p>Total Points: 0 Comments: For this section you need to specifically</p>

<ul style="list-style-type: none"> • All related medications included (1)-0 • Rationale provided for the use of each medication (1)-0 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)-0 	<p>list all the medications that are relevant to the patient's diagnosis. What antibiotics was he on specifically? What about the convalescent plasma he received? Was he on any medication to help prevent blood clots? BL</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</p> <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 	<p>Total Points: 2 Comments:</p>
<p>8. Describe nursing interventions related to current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient explained and rationales provided (1)-0.5 	<p>Total Points: 0.5 Comments: Can you think of any other nursing interventions that you performed for the patient that you did not include? Additionally, there were no rationales provided for each of the nursing interventions that you listed. BL</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>Total Points: 15/20-Needs Improvement</p> <p>You are off to a great start with your pathophysiology. Please review all my feedback above in order to make the revisions necessary to become satisfactory. These revisions are due by 2/10/21 at 1700. Please let me know if you have any questions. BL</p>

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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