

**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	NA	S	S	S	S	NA	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																	
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	NA	S	S	S	S	NA	S								
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	NA	S	S	S	S	NA	S								
d. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	NA	S	S	S	S	NA	S								
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	NA	NA	S	S	S	S	NA	S								
f. Administer medications observing the six rights of medication administration. (Responding)	NA	S	NA	S	S	S	S	NA	S								
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	S	NA	NA	NA	NA	NA	NA	S								
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	S	NA	S	S	NA	NA	NA	S								
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL								
Clinical Location	Cardiac Diagnostics / Scavage r Hunt	Special Procedures / Infusion Center	NA	4C	4C	4P	4P	NA									

Comments:

*End-of- Program Student Learning Outcomes

Week 2: Preceptor comments for Cardiac Diagnostics clinical: Excellent in all areas. “Cardiolyte stress tilt test, pacemaker clinic, echo, good interpersonal skills. IV Start without difficulty”; (1b)- Excellent discussion related to Cardiac Diagnostics clinical experience via CDG posting. (1g)- Great job starting an IV during this clinical experience! Keep up the great work! AR

Week 3- Comments per Special Procedures Preceptor: Satisfactory in all areas. “Observed angiogram and liver biopsy and paracentesis. Set up a sterile procedure tray started one I.V.”; Comments per Infusion Center Preceptor: Excellent in all areas. “dressings and lab draws, engaging.”. (1b,d)- Excellent discussion via CDG postings related to Special Procedures and Infusion Center clinical experiences. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5- 1a,b,d,e,f- Nice job of assessing and caring for your mechanically ventilated patient this week. Nice job also of administering medications using the six rights. BS

Week 6- 1a,b,d,e,f- Great job caring for your Critical Care patient this week. Assessments were complete and all medications were administered appropriately while observing the six rights. Great work! BS

Week 7-1(a-f) Rachel, 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 cardiovascular and neuro assessment for this patient, and monitoring his heart rhythm very closely. You had excellent communication with the patient on both days, and respected his values. Your medication passes were very well done on both days, and you followed all the six rights of medication administration. Keep up all your great work! BL

Week 8-1(e,f) Rachel, you did an excellent job with your EKG book interpreting heart rhythms. You also did an excellent job with your medication administration this week following all six rights of medication administration, and providing thorough education to the patient as well. You also did an excellent job administering the Flu Vaccine to your patient utilizing the appropriate Z-Track technique for an IM injection. Great job providing thorough education to your patient about the Flu Vaccine as well. BL

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	S	NA	S	S	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)																	
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	NA	S	S	S	S	NA	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	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	NA	NA	S	NA	NA	S								
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	NA	NA	NA	S	NA	NA	NA	NA	S								
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL								

Comments:

Week 2 – Objective 2a: I gave myself satisfactory because I was able to correlate the patient’s advanced age and history of COVID-19 with his symptom of chest pain. I understand why they performed the Bruce cardiolite stress test. It was to assess whether his chest pain was a result of him having COVID-19 or if it was the result of cardiac blockages. **Excellent use of clinical judgment! AR**

Week 5- 2a,b,c,e- Very nice job of correlating the relationships among your patient’s disease process, history, symptoms, and condition and then using all of that information, and more, to complete your ABCDEF bundle. Nice work! **BS**

*End-of- Program Student Learning Outcomes

Week 6- 2 a,b,c- Great job of correlating the relationships among your patient's disease process, history, symptoms, and present condition. You were able to recognize your patient's need for suctioning based on objective information. BS

Week 7-2(b,c) You did an excellent job with both of these competencies this week in the clinical setting, as well as discussing them in debriefing also. BL

Week 7-2(d) Excellent job formulating a prioritized nursing care plan for your patient utilizing clinical judgment skills. Please see the Care Plan Rubric at the end of this document for my feedback. 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:	S	S	NA	S	S	S	S	NA	S								
a. Critique communication barriers among team members. (Interpreting)	S	S	NA	S	S	S	S	NA	S								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	NA	S	S	S	S	NA	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	NA	S	S	S	S	NA	S								
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	NA	S	S	S	S	NA	S								
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	NA																
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL								

Comments:

Week 2 (3b,c)- You did an excellent job during your Scavenger Hunt clinical and with discussion via the CDG posting. Keep up the great work! AR

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 5- 4a,c- Good job of discussing examples of legal/ethical issues observed in the clinical setting during post-conference. Professional behavior observed at all times. BS

Week 6- 4c- Professional behavior observed in the clinical setting at all times. BS

Week 8-4(c) Rachel, you consistently exhibit professional behavior in all your clinical interactions. Keep up all your great work! BL

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 5- 5a,c,e- Good overall performance in the clinical setting this week. Factors that create a culture of safety and use of standardized EBP tools that support safety and quality were discussed during post-conference. BS

Week 6- 5a,b- Great performance in the clinical setting. You and Lauren make a great team! BS

Week 7-5(b) Rachel, you did an excellent job taking advantage of all learning opportunities with your patient and making the most of your clinical day. Keep up all your great work! BL

*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:	S	S	NA	S	S	S	S	NA	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)	NA	NA	NA	NA	S	S	S	NA	S								
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	NA	S	S	S	S	NA	S								
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S	S	S	NA	S								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	S	NA	S	S	S	S	NA	S								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	NA	S	S	S	NA	NA	S								
Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL								

Comments:

Week 2 (6f)- Excellent CDG postings related to Cardiac Diagnostics and Scavenger Hunt clinical experiences. Keep up the great work! AR

Week 3 (6c)- Excellent discussion via CDG posting related to Infusion Center clinical experience. (6f)- Excellent CDG postings related to both clinical experiences this week. Keep it up! AR

Week 5- 6e,f- Nice job with documentation this week, you will get much more practice in the weeks to come. Really nice job on your ABCDEF bundle. BS

*End-of- Program Student Learning Outcomes

Week 6- 6a,b,c- Very good job working collaboratively with your assigned nurse(s) and your fellow student. Great job with documenting interventions and medication administration, and also with your Pathophysiology CGD! BS

Week 7-6(e) Excellent job with all your documentation this week in clinical! Your documentation was done in a timely manner and accurate. Keep up the great work! BL

Week 7-6(f) Excellent job with your Care Plan CDG this week! BL

Week 8-6(b) Excellent job this week providing extensive diet education to your patient. You did a great job educating him and providing him helpful handouts so he can be successful on discharge. 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:	S	S	NA	S	S	S	S	NA	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	NA	S	S	S	S	NA	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	NA	S	S	S	S	NA	S								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	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. (Responding)	S	S	NA	S	S	S	S	NA	S								

*End-of- Program Student Learning Outcomes

Faculty Initials	AR	AR	AR	BS	BS	BL	BL	BL	BL								
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Comments

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)*
	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
Performance Codes: S: Satisfactory U: Unsatisfactory										
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 Learning Outcomes

Nursing Care Plan Grading Tool
AMSN
2021

Student Name: Rachel Kohler

Clinical Date: 2/17/2021

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

vSim Evaluation	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: 2/12/2021	Date: 2/26/2021	Date: 3/12/2021	Date: 3/19/2021	Date: 3/25/2021	Date: 4/22/2021
Evaluation	S	S				
Faculty Initials	BS	BL				
Remediation: Date/Evaluation/ Initials	NA	NA				

* 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: R. Kohler

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

<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) 1 • Comparison results/trending (1) 1 • Explanation of what the patient is receiving for pain management, and whether or not it is working (1) 1 • Non-pharmacological interventions discussed for pain management (1) 0 • Underlying cause/reason/diagnosis for patient's pain is discussed (1) 1 	<p>Total Points: 4 Comments: Nice job Rachel. Good, accurate assessment of your patient's pain.</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) 1 • Background history provided on patient's respiratory status (1) 1 • Explanation provided of patient's cardiac status (1) 1 • Safety screening assessments for SAT and SBT discussed (1) 1 • Spontaneous Awakening Trials and Breathing Trials tried on patient discussed (1) 1 • Explanation of sedation medication titrations based on results (1) 1 • All diagnostic pulmonary results discussed (1) 1 	<p>Total Points: 7 Comments: Great discussion of your patient's respiratory status, SATs, and SBTs.</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) 1 • RASS results discussed (1) 1 • Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, agitation, and sedation discussed (2) 2 • Other reasons for patient's change in mentation status or sedation identified and explained (1) 1 • Trending/changes in patient's status since admission to unit reviewed and discussed (1) 0.5 	<p>Total Points: 5.5 Comments: Good discussion of your patient's analgesia and sedation, including the RASS assessment.</p>
<p>4. (D) Delirium: Assess, Prevent, and Manage (6 points total)</p>	<p>Total Points: 6</p>

<ul style="list-style-type: none"> • Delirium assessment completed on patient (RASS and CAM-ICU tools) and results discussed (2) 2 • Patient's assessment since admission trended/reviewed and changes discussed (1) 1 • Medications and conditions that place the patient at risk for delirium are identified and explained (2) 2 • Family's feelings and observations about patient's confusion, mentation, and agitation discussed now and prior to admission (1) 1 	<p>Comments: Nice job discussing your patient's RASS and CAM-ICU results. Also, good identification and explanation of the medications and conditions that could place the patient at risk for delirium.</p>
<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) 1 • Patient's cardiac status explained (1) 1 • Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) 2 • Explanation of interdisciplinary team and family involvement in patient's mobility and exercise (1) 1 • Problems/diagnoses/results hindering patient's mobility and exercise identified and explained (1) 1 	<p>Total Points: 6 Comments: Good job discussing the Early Progressive Mobility Protocol as it relates to your patient.</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) 2 • Rapport and communication between patient, family, and health care providers discussed (2) 2 • Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2) 2 	<p>Total Points: 6 Comments: Good job discussing your patient's family engagement and her potential future needs.</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	<p>34.5/36 Satisfactory Very nice work Rachel! BS</p>

Student Name: R. Kohler	Clinical Date: 2/9/21-2/10/21
<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: Nice job discussing your patient's current diagnosis and past medical history.</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: Nice job discussing the pathophysiology of a STEMI.</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) 0.5 	<p>Total Points: 2.5 Comments: Good discussion of the signs and symptoms typically associated with your patient's diagnosis.</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: Good discussion of patient's labs and how they correlate with his diagnosis.</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!</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p> <ul style="list-style-type: none"> • All related medications included (1) 1 • Rationale provided for the use of each medication (1) 1 	<p>Total Points: 3 Comments: Again, great job, but I don't think he had a femoral central venous catheter..?</p>

<ul style="list-style-type: none"> Explanation of how each of the patient's relevant medications correlate with current diagnosis (1) 1 	
<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: Nice work here as well.</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) 1 	<p>Total Points: 1 Comments: Excellent discussion of the nursing interventions provided to your patient!</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>19/20 Satisfactory Very nice job Rachel! BS</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Group 2** OBSERVATION DATE/TIME: **2/24/21** SCENARIO #: **Dysrhythmias**

*End-of- Program Student Learning Outcomes

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>#1 Assessment begins, monitor applied. (remember to identify patient) Notices O2 level is low. Inquires about current symptoms. Notices low HR. Rhythm change noticed. Another rhythm change noticed.</p> <p>#2 Patient identified, monitor applied. Abnormal rhythm noticed. Heart/lung sounds assessed. Patient CO SOB.</p> <p>#3 Patient not responding.</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>Recognizes need for O2. HR interpreted to be the likely cause of symptoms (tired, lethargic). New rhythm interpreted to be 2nd degree type II block. This progresses to 3rd degree block.</p> <p>Heart rhythm interpreted to be Afib, with elevated rate. BP interpreted to be too low to administer diltiazem drip. Lung sounds interpreted to be crackles.</p> <p>Patient noted to be in Vtach.</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>Call to HCP- good SBAR report with suggestions. Order received (remember to read back). Patient kept informed of team's actions. Atropine prepared and administered correctly, potential side-effects explained. Call to HCP to report worsening symptoms. Second dose of atropine administered. Verbalized the need for transcutaneous pacing or a possible epi or dopamine drip (good thinking!)</p> <p>Call to HCP to report Afib with a suggestion for diltiazem. Appropriate doses provided. Order received and read back-good job! Nice job keeping patient informed. Patient identified, medication explained and administered. BP rechecked following diltiazem administration. Call to HCP to explain drop in BP. New order for lower diltiazem drip. Call to HCP to ask to hold diltiazem drip due to low BP. IV fluid bolus suggested. Order received and read back. O2 applied. Lung sounds assessed and crackles noticed (due to bolus). BP rises and diltiazem drip initiated.</p> <p>CPR began, fast-patches applied, shock delivered, CPR initiated, patient bagged. Code blue called (remember to do this immediately). Second shock delivered. Epi delivered (q3 min).</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 discussed transcutaneous pacing procedure as a treatment for symptomatic bradycardia. Discussed adjusting milliamps to achieve capture. Benefits of pacing- increased cardiac output and perfusion discussed. Need for pain medication also discussed, and the likelihood of holding beta-blockers.</p> <p>Discussed the importance of controlling ventricular rate and various</p>

*End-of- Program Student Learning Outcomes

	<p>methods of doing so (medication therapy, synchronized cardioversion). Also discussed monitoring for fluid overload due to patient's reduced EF. Nice job with teamwork and communication.</p> <p>Team recognized that code should have been called immediately. Nice work initiating CPR immediately. Discussed cause of code (low K+), code-blue medications, and team roles/responsibilities.</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>Nice work! You are satisfactory for this scenario. BS</p>

**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