



## 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.

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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
<b>Competencies:</b>	S	NA	S	S	S	S	NA	NA	S	S							
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	NA	S	S	S	S	NA	NA	S	S							
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S							
d. Evaluate patient’s response to nursing interventions. <b>(Reflecting)</b>	S	NA	S	S	S	S	NA	NA	S	S							
e. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	NA	NA	NA	S	S	NA	NA	S	S							
f. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	NA S	NA	NA	S	S	S	NA	NA	S	S							
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	S	NA	NA	S	S	NA	NA	NA	S	S							
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>BL</b>							
<b>Clinical Location</b>	Digestive Health	QC	PD	4N	3T	4N	Simulation			4P							

**Comments:**

Week 2 (1f,g)- You did a great job with performance of all IV skills while in your Digestive Health clinical. Keep up the great work! AR

\*End-of- Program Student Learning Outcomes

Week 4- Per Patient Advocate/Discharge Planner Preceptor: Satisfactory in all areas. (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

**Week 9-1(a-h) Jillian, 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. Your patient was on a non-rebreather, which is a very high flow oxygen. 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 PO and IVP medications. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated excellent dexterity and evidence of preparation. 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
<b>Competencies:</b>	NA	S	NA	S	S	S	NA	NA	S	S							
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>CC (Noticing, Interpreting, Responding)</b>	NA	S	NA	S	S	S	NA	NA	S	S							
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	S	S	NA	S	S	S	NA	NA	S	S							
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	S	NA	NA	S	S	S	NA	NA	S	S							
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (Noticing, Interpreting, Responding, Reflecting)</b>	NA																
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. <b>CC (Noticing, Interpreting, Responding)</b>	NA																
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>BL</b>							

**Comments:**

**Week 9-2(a) Jillian, you did an excellent job with your pathophysiology in which you addressed this competency. Please see the Pathophysiology Grading Rubric at the end of this document for my feedback. BL**

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

**Comments:**

Week 3 (3b,c)- Satisfactory participation and discussion during Quality Assurance/Core Measures observation experience. Great job! AR

Week 9-3(c) You did a great job ensuring you used the PAR system appropriately when obtaining care items for your patient this week in clinical. This is just one important way to ensure fiscal responsibility in clinical practice. BL

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

**Comments:**

**Week 9-4(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**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

**Objective**

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

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

**Comments:**

Week 5 Objective 5a: Jillian, per the RN you were assigned to, 2-2-21 – Excellent in all areas. Preceptor comments: “Great job today. Jillian managed patient’s pain, straight cathed, IV start, safe medication administration.” Keep up the great work Jillian! CP

Week 6 Objective 5a: Jillian, per the RN you were assigned to on 2-9-21 – Satisfactory in all areas except Communication skills, Delegation, Professionalism, Attendance (Excellent). RN Comments: Jillian did quite well today. She inserted a foley on a female and got it on the first try while maintaining sterile technique. Her bedside manner is excellent; time management is a skill she can work on for next time. She will make a great nurse. Excellent job Jillian! CP; Per the RN you were assigned to on 2-10-20, excellent in all areas except Communication skills and Delegation (Satisfactory). RN Comments: Was able to give IM flu shot, multiple IV antibiotics, insulin and assist in applying a wound vac. Keep up the great work Jillian! CP

Week 7 Objective 5a: Jillian, per the RN you were assigned to on 2-17-21, excellent in all areas except Knowledge base, Technical skills, and Establishment of Plan of Care (Satisfactory). RN Comments: Jill did an awesome job – showed confidence, was extremely compassionate, and provided safe care! She will be an awesome nurse. Great job Jillian! CP; Per the RN you were assigned to on 2-18-21, excellent in all areas. RN Comments: Jillian displayed knowledge of her role as a RN student and future RN. She has great communication skills with patients and staff. She is safety-oriented and continuously looks for changes in patients and changes with their orders. She shows compassion, is eager to learn, and asks appropriate and informative questions. We had a busy day and Jillian was flexible and remained focused and prioritized her patients very well. It was a pleasure to have her precept with me today. You have done an excellent job during your patient management experience! Keep up the great work! CP

\*End-of- Program Student Learning Outcomes

**Week 9-5(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

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

**Comments:**

Week 4 (6c,f)- Satisfactory CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR  
 Week 5 Objective 6f: You satisfactorily posted in the clinical discussion group. CP  
 Week 6 Objective 6d: Jillian, you have satisfactorily completed the Hand-off Report Competency with a score of 30/30. Per the RN “Excellent job on hand-off report!”  
 Nice job! CP; Objective 6f: You satisfactorily posted in the clinical discussion group. CP  
 Week 7 Objective 6f: You satisfactorily posted in the clinical discussion group. CP

\*End-of- Program Student Learning Outcomes

**Week 9-6(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 9-6(f) Although your Pathophysiology was very nicely done and satisfactory, this competency had to be changed to an “NI” per the Clinical Discussion Group Rubric for incorrect grammar and punctuation. Unfortunately, the first few paragraphs of your CDG had many sentences that did not start with capital letters, so I’m not sure if you were meaning to use commas instead. It just made it a little difficult to read smoothly. There was also some confusion related to medical terminology throughout such as “fibrillation” instead of Atrial Fibrillation, and an EKG vs. Echocardiogram. With that being said, I realize you have a lot going on and are very busy. I just want to make sure you are understanding the terminology correctly, and that you take a little extra time to read over your work just as you would with documentation to make sure it is completely accurate. 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
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S	S							
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>																	
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S							
c. Comply with the FRMCSN "Student Code of Conduct Policy." <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S							
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>CP</b>	<b>BL</b>							

**Comments:**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool  
AMSN

2021

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

**\*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

<b>vSim Evaluation</b>	Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Rachael Heidebrink (Pharmacology) (1. 2. 6. 7)*</b>	<b>Junetta Cooper (Pharmacology) (1. 2. 6. 7)*</b>	<b>Mary Richards (Pharmacology) (1. 2. 6. 7)*</b>	<b>Lloyd Bennett (Medical-Surgical) (1. 2. 6. 7)*</b>	<b>Kenneth Bronson (Medical-Surgical) (1. 2. 6. 7)*</b>	<b>Carl Shapiro (Pharmacology) (1. 2. 6. 7)*</b>
		<b>Date: 2/12/2021</b>	<b>Date: 2/26/2021</b>	<b>Date: 3/12/2021</b>	<b>Date: 3/19/2021</b>	<b>Date: 3/25/2021</b>	<b>Date: 4/22/2021</b>
Evaluation		U	S	S			
Faculty Initials		CP	CP	BL			
<b>Remediation: Date/Evaluation/ Initials</b>		02/19 S CP	NA	NA			

\* Course Objectives

ABCDEF Bundle Grading Rubric  
 Firelands Regional Medical Center School of Nursing  
 Advanced Medical Surgical Nursing  
 2021

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

reviewed and discussed (1)	
<p><b>4. (D) Delirium: Assess, Prevent, and Manage (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Delirium assessment completed on patient (RASS and CAM-ICU tools) and results discussed (2)</li> <li>• Patient's assessment since admission trended/reviewed and changes discussed (1)</li> <li>• Medications and conditions that place the patient at risk for delirium are identified and explained (2)</li> <li>• Family's feelings and observations about patient's confusion, mentation, and agitation discussed now and prior to admission (1)</li> </ul>	<p><b>Total Points:</b></p> <p><b>Comments:</b></p>
<p><b>5. (E) Early Mobility and Exercise (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Patient's strength and mobility assessed and discussed (1)</li> <li>• Patient's cardiac status explained (1)</li> <li>• Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2)</li> <li>• Explanation of interdisciplinary team and family involvement in patient's mobility and exercise (1)</li> <li>• Problems/diagnoses/results hindering patient's mobility and exercise identified and explained (1)</li> </ul>	<p><b>Total Points:</b></p> <p><b>Comments:</b></p>
<p><b>6. (F) Family Engagement and Empowerment (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Family/significant others concerns, wishes, participation, and involvement in patient's care identified and discussed (2)</li> <li>• Rapport and communication between patient, family, and health care providers discussed (2)</li> <li>• Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2)</li> </ul>	<p><b>Total Points:</b></p> <p><b>Comments:</b></p>
<p>Total possible points = 36  32-36 = Satisfactory  27-31 = Needs improvement  &lt;27 = Unsatisfactory</p>	

Pathophysiology Grading Rubric

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

<b>Student Name:</b> Jillian Hess		<b>Clinical Date:</b> 3/9/21-3/10/21	
<b>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (1)-1</li> <li>• Past Medical History (1)-1</li> </ul>		<b>Total Points: 2</b> <b>Comments:</b> Great job providing a detailed description of your patient's current diagnosis and past medical history. BL	
<b>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (1)-1</li> </ul>		<b>Total Points: 1</b> <b>Comments:</b> Nice job with the pathophysiology of your patient's diagnosis. Being that COVID-19 is a new founded illness within the last year, there is still so much research being conducted on how this virus affects an individual's body. BL	
<b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</b> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (1)-1</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)-0</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)-1</li> </ul>		<b>Total Points: 2</b> <b>Comments:</b> Excellent job explaining how all your patient's signs and symptoms correlate with his COVID-19 Pneumonia diagnosis. There was information missing related to other signs and symptoms that are typically expected with this diagnosis. For example, did your patient have loss of taste or smell? Fever? Etc. BL	
<b>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (1)-1</li> <li>• Rationale provided for each lab test performed (1)-1</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (1)-1</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)-1</li> </ul>		<b>Total Points: 4</b> <b>Comments:</b> Excellent job! All relevant labs results included, normal values explained, rationales provided, and correlation with current diagnosis provided. BL	
<b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (1)-0.5</li> <li>• Rationale provided for each diagnostic test performed (1)-0.5</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1)-1</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)-1</li> </ul>		<b>Total Points: 3</b> <b>Comments:</b> Overall, very nice job! I think there is a little confusion here related to an EKG and Echocardiogram. An EKG would indicate the heart rhythm the patient is in, whereas the echocardiogram will tell us what the patient's ejection fraction is. Both of these diagnostic test should be included for your patient if they were performed. BL	

<p><b>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (1)-1</li> <li>• Rationale provided for the use of each medication (1)-1</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)-1</li> </ul>	<p><b>Total Points: 3</b>  <b>Comments: Great job!</b></p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (1)-0.5</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)-1</li> </ul>	<p><b>Total Points: 1.5</b>  <b>Comments: Great job! My only feedback here is that your patient also had a history of A-fib prior to coming to the hospital as well. This would have been pertinent as well. BL</b></p>
<p><b>8. Describe nursing interventions related to current diagnosis. (1 point total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient explained and rationales provided (1)-1</li> </ul>	<p><b>Total Points: 1</b>  <b>Comments: Excellent job! BL</b></p>
<p>Total possible points = 20  17-20 = Satisfactory  14-16 = Needs improvement  &lt;13 = Unsatisfactory</p>	<p><b>Total Points: 17.5/20</b>  <b>Satisfactory Pathophysiology. Great job! BL</b></p>

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Jillian Hess (Group 7)**

OBSERVATION DATE/TIME: **2/25/21**

SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT					OBSERVATION NOTES
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>					<p><b>#1 Patient identified. Begins assessment, BP, O2 applied. Change in rhythm. Patient vomits. Another change in rhythm.</b></p> <p><b>#2 Patient identified. Monitor applied, VS, O2 applied. Arrhythmia observed on monitor. Patient becomes SOB, begins coughing.</b></p> <p><b>#3 Patient found to be unresponsive. Monitor applied.</b></p>
<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>					<p><b>Rhythm identified as sinus bradycardia. New rhythm identifies initially as 3<sup>rd</sup> degree heart block, corrected to 3<sup>rd</sup> degree. Discussed differences between the two rhythms. Next rhythm change interpreted as 2<sup>nd</sup> degree type I, after discussion interpretation changed to 3<sup>rd</sup> degree block.</b></p> <p><b>Rhythm interpreted as Afib. Patient interpreted to be in fluid overload. Lung sounds interpreted as crackles.</b></p> <p><b>Vtach identified.</b></p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       <b>E</b>       A       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       <b>A</b>       D       B</li> <li>• Being Skillful:           <b>E</b>       A       D       B</li> </ul>					<p><b>Call to HCP (good SBAR report!) suggests discontinuing metoprolol, suggests atropine. Order received and read back. Atropine administered (don't forget to flush) asks about allergies. Call to HCP with HR of 30, 3<sup>rd</sup> degree heart block, corrected to 2<sup>nd</sup> degree type II. Second dose of atropine administered, flushed. Call to HCP to report 3<sup>rd</sup> degree heart block, suggests epi (drip), (atropine not likely to help at this point), pacing.</b></p> <p><b>Call to HCP with good SBAR with suggestion for amiodarone (also appropriate) then metoprolol, digoxin, diltiazem (Cardizem). HCP asks for dose, which is provided. Orders received and read back. Diltiazem bolus prepared and administered correctly. IV drip initiated. Call to HCP, HR elevated, hypotensive, recommends cardioversion. Fluid bolus suggested. Order received and read back. Bolus stopped when patient becomes SOB.</b></p> <p><b>Code blue called. CPR began immediately. Fast patches applied, shock delivered, resume CPR, epi q 3 min</b></p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:       E       <b>A</b>       D       B</li> </ul>					<p><b>Discussion of heart blocks and what each means. Discussed epi or dopamine drip as appropriate medications to use for symptomatic bradycardias. Discussed and demonstrated transcutaneous pacing, how to</b></p>

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<p>achieve capture and why it is important, and the likely need for pain medication if this type of pacing is needed. With pacing, BP and CO will both increase, relieving symptoms.</p> <p>Discussion of various drug therapies to treat Afib with RVR, that with Afib we lose BP and CO, which lead patient to be symptomatic. Discussion and demonstration of synchronized cardioversion, the importance of synching to the R wave. Also discussed the need for sedation with this procedure. Expectations would be to see improvement in BP and CO.</p> <p>Discussed Code Blue and team member responsibilities, importance of immediately calling code and beginning CPR, applying fast patches and delivering shock ASAP, resuming CPR and epi q 3 min, while also maintaining and protecting the airway. Also discussed amiodarone an additional drug used in this sceanario.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Nice work! You are Satisfactory for this scenario. BS</b></p>

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**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