

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

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

Student: Lexi Brooks
Semester: Spring

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2- Preceptor comments for Patient Advocate/Discharge Planner clinical experience: “Satisfactory in all areas”; (1c)- Excellent discussion related to Patient Advocate/Discharge Planner clinical experience via CDG posting. Keep up the great work. AR

Week 3 (1g)- Satisfactory during Digestive Health clinical experience. Keep up the great work! AR

Week 9 (1a, d, f) Great job providing care to a patient with complex care issues this week. All physical assessments were very comprehensive and thorough. You also did a great job evaluating the needs of your patient based off of nursing interventions performed and nursing interventions that needed to be adjusted. Medication administration was performed accurately, observing all rights of administration for IV, IVP, SQ, and OG medications. Keep up the good work. FB

Week 10-1(a-f, h) Lexi, 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 assessments for this patient, monitoring his labs, and monitoring his vital signs very closely for any changes. 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 six rights of medication administration. You were able to administer PO, SubQ, IVP, and IV medications. You did an excellent job managing care of the patient’s central line, as well as removing his temporary IJ Hemodialysis catheter. 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	NA	NA	S	S	S	NA	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)	NA	NA	NA	S	S	S	NA	NA	S	S	S						
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	S	S						
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	S	S						
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA																
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	NA	S	NA														
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BL						

Comments:

Week 9 (2b, c) Great job realizing what needed to be monitored to prevent further complications for your assigned patient. Excellent job recognizing changes in respiratory status. (2e)- See ABCDEF grading rubric below for comments. FB

Week 10-2(a) Lexi, you did an excellent job with your pathophysiology in which you addressed this competency. Your pathophysiology was very detailed and well done. It was clear that you spent a substantial amount of time on this assignment. Please see the Pathophysiology Grading Rubric at the end of this document for my feedback. Keep up all your excellent work! 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	S	S	NA	NA	S	S	S						
a. Critique communication barriers among team members. (Interpreting)																	
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	NA	S	NA	NA												
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	NA	S	NA	NA												
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	NA	S	S	S	NA	NA	S	S	S						
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	NA	NA	NA	S	S	S	NA	NA	S	S	NA						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	BL						

Comments:

Week 2- Comments from Quality Assurance/Core Measures RN's: Excellent in all areas. Great job participating in discussion, thank you! Competency completed prior to our group instruction/discussion. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 9 (4a)- Great job providing legal or ethical issues you observed during your clinical rotation with a patient that was to be terminally extubated. FB

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

Comments:

Week 5 Objective 5a: : Lexi, per the RN you were assigned to on 02/02/2021, Excellent in all areas. RN comments: Lexi successfully inserted a Foley catheter. Managed care for her patient well. Nice job! CP

Week 6: Objective 5a: Per the RN you were assigned to on 02/09/2021, excellent in all areas except delegation (satisfactory). RN comments: Lexi is receptive to learning and has good bedside manner. Per the RN you were assigned to on 02/10/2021, excellent in all areas. RN comments: Lexi is very knowledgeable and great with patients! Excellent work Lexi! CP

Week 7 Objective 5a: Lexi, per the RN you were assigned to on 02/17/2021, excellent in all areas. Per the RN you were assigned to on 02/18/2021, excellent in all areas. Lexi, you have done an excellent job during your patient management experience! During my conversations with the RNs you were assigned to, I was informed that you managed your timely effectively and interacted well with patients. You also demonstrated responsibility in completing all requirement for this clinical experience on time. Keep up the great work! CP

Week 9 (5c,e)- Great job with the use of several EBP tools executed during the ABCDEF bundle, scrubbing the hub for IV, and OG medication administration. Good job describing factors that create a culture of safety on the unit and with your patient. FB

Week 10-5(b) Lexi, you do an excellent job taking initiative in seeking new learning opportunities and completing all nursing care that you can for your patient independently. You are doing a great job with your time management as well. Keep up all your great work! BL

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (6c,f)- Excellent discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR
 Week 5 Objective 6f: You satisfactorily posted to the clinical discuss group. CP
 Week 6 Objective 6d: Lexi, you have satisfactorily completed the Hand-off Report Competency with a score of 30/30, nice job! Objective 6f: You have satisfactorily posted the clinical discussion group. CP
 Week 7 Objective 6f: You satisfactorily posted to the clinical discuss group. CP
 Week 9 (6e)- Great job providing accurate and timely documentation of interventions and medication administration. FB

*End-of- Program Student Learning Outcomes

Week 10-6(a-c) Excellent job this week during debriefing in which you were actively involved in the discussion of these competencies. You also did an excellent job communicating with your patient this week and ensuring all his needs were met. BL

Week 10-6(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 10-6(f) Excellent job with your Pathophysiology CDG this week! 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	NA	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														
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	NA	S	S	S	NA	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)	S	S	NA	S	S	S	NA	NA	S	S	S						
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	FB	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 Learning Outcomes

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

<u>vSim Evaluation</u>	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	S	S		
Faculty Initials	CP	CP	FB	BL		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA		

* Course Objectives

ABCDEF Bundle Grading Rubric
Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing
2021

Student Name: Lexi Brooks

Clinical Date: 3/9-3/10/2021

<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: 5 Comments: Great job, a comprehensive pain assessment was provided, including the results of both clinical tools. Trending results were explained as well as non-pharmacological interventions and underlying causes for 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) • 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: 7 Comments: Good job explaining your comprehensive respiratory assessment. A respiratory background history and current status was thoroughly presented. Explanation of cardiac status was provided. SAT and SBT were discussed in detail including diagnostic testing results.</p>
<p>3. (C) Choice of Analgesia and Sedation (6 points total)</p> <ul style="list-style-type: none"> • Comprehensive neurological assessment completed and results discussed (1) • RASS results discussed (1) • Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, agitation, and sedation discussed (2) • Other reasons for patient's change in mentation status or sedation identified and explained (1) • Trending/changes in patient's status since admission to unit reviewed and discussed (1) 	<p>Total Points: 6 Comments: A comprehensive neurological assessment was complete. The RASS results were discussed. All pertinent medications were provided and discussed as they relate to mentation changes. Changes since admission was also reviewed and discussed.</p>
<p>4. (D) Delirium: Assess, Prevent, and Manage (6 points total)</p> <ul style="list-style-type: none"> • Delirium assessment completed on patient (RASS and CAM-ICU tools) and results discussed (2) 	<p>Total Points: 6 Comments: Great job with discussion regarding delirium assessment using RASS and CAM-ICU tools.</p>

<ul style="list-style-type: none"> • Patient’s assessment since admission trended/reviewed and changes discussed (1) • Medications and conditions that place the patient at risk for delirium are identified and explained (2) • Family’s feelings and observations about patient’s confusion, mentation, and agitation discussed now and prior to admission (1) 	<p>Admission assessment with trending changes were presented. Medications that effect delirium were discussed. Family communication was also provided.</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) • Patient’s cardiac status explained (1) • Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) • Explanation of interdisciplinary team and family involvement in patient’s mobility and exercise (1) • Problems/diagnoses/results hindering patient’s mobility and exercise identified and explained (1) 	<p>Total Points: 6 Comments: The patient’s strength and mobility needs were addressed. Cardiac status was explained as well as exercise safety screen results. Interdisciplinary team member and family involvement was discussed. Problems hindering mobility was provided.</p>
<p>6. (F) Family Engagement and Empowerment (6 points total)</p> <ul style="list-style-type: none"> • Family/significant others concerns, wishes, participation, and involvement in patient’s care identified and discussed (2) • Rapport and communication between patient, family, and health care providers discussed (2) • Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2) 	<p>Total Points: 6 Comments: Family concerns, wishes, and involvement were discussed. Communication between family and the health care team was provided. Educational needs and emotional support post terminal extubation was discussed.</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	<p>Total = 36 Excellent job, satisfactory completion of ABCDEF bundle. FB</p>

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing

Student Name: Lexi Brooks		Clinical Date: 3/16/21-3/17/21	
1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none"> • Current Diagnosis (1)-1 • Past Medical History (1)-1 		Total Points: 2 Comments: Great job providing a detailed description of your patient's current diagnosis and past medical history. BL	
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1)-1 		Total Points: 1 Comments: Excellent job describing the pathophysiology of your patient's current diagnosis accurately and in great detail. BL	
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (1)-1 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)-1 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)-1 		Total Points: 3 Comments: Great job! All patient's signs and symptoms included and correlated accurately with his current diagnosis. Your response was very detailed and thorough, and reflected a great understanding of what is happening in the patient's body that is causing his signs and symptoms. BL	
4. Correlate the patient's current diagnosis with all related labs. (4 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (1)-1 • Rationale provided for each lab test performed (1)-1 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (1)-1 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)-1 		Total Points: 4 Comments: Excellent job! All relevant lab results included, normal values explained, rationales provided, and correlation with current diagnosis provided. BL	
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (1)-1 • Rationale provided for each diagnostic test performed (1)-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 		Total Points: 4 Comments: Awesome job! BL	
6. Correlate the patient's current diagnosis with all related medications. (3 points total) <ul style="list-style-type: none"> • All related medications included (1)-1 • Rationale provided for the use of each medication (1)-1 		Total Points: 3 Comments: Excellent job! All related medications included, rationales provided, and correlations with current diagnosis are accurate. BL	

<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: Excellent job, Lexi! BL</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: Overall, very nice job! Don't forget about your physical assessment and vital signs as well. These are important nursing interventions for all patients that you care for. BL</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>Total Points: 19.5/20 Satisfactory Pathophysiology. Excellent job, Lexi! BL</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Lexi Brooks (Group 5)

OBSERVATION DATE/TIME: 2/25/21

SCENARIO #: Dysrhythmias

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>#1 Patient identified. VS, patient put on monitor. Lung sounds. Notices low HR. Patient CO being tired, nauseous. Further assesses patient while medications are prepared. Rhythm change noticed. Another rhythm change noticed.</p> <p>#2 Patient identified. Patient placed on monitor, VS. Inquired about onset of symptoms. HR elevated, O2 applied. Lower BP noticed.</p> <p>#3 Patient found to be unresponsive. Put on monitor. CPR began immediately. Code Blue called.</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>Lung sounds identified as crackles. Interprets symptoms as indicative of symptomatic bradycardia. New rhythm identified as 2nd degree type II heart block. Next rhythm identified as 3rd degree block.</p> <p>Rhythm identified as atrial flutter (Afib). Team discussion of differences, types of Afib (RVR). Patient nauseous and dizzy- related to falling BP. Interprets patient response to fluid bolus- increased BP but now in fluid overload, crackles.</p> <p>Rhythm identified as 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 (remember to include background information), suggests atropine, orders received and read back. Identified metoprolol as a likely cause- good! O2 applied, patient and allergies identified, atropine prepared and administered correctly. Call to HCP to notify of rhythm change. 2nd dose of atropine administered. Team discusses epi drip as a possible treatment option (good suggestion).</p> <p>Call to HCP, good SBAR. Suggests amiodarone, then Cardizem/diltiazem. Dosages provided to HCP for diltiazem bolus and drip. Orders received and read back. Patient identified and bolus delivered, followed by diltiazem drip. (diltiazem drip rate discussed). Call to HCP to update regarding continued Afib and lower BP, suggests a fluid bolus. Orders received and read back. Bolus initiate, patient develops SOB, fluid DC'd. Call to HCP with updated condition, informs of hx of CHF.</p> <p>CPR, fast patches applied, EPI given. Shock delivered, CPR, ambu bag.</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 treatment options for symptomatic bradycardias. Nice job identifying various rhythms. Discussed that when rhythm progresses to 3rd degree block atropine would likely not be effective. Discussed and demonstrated temporary pacing, how to achieve capture, likely need for pain medication. Identified that with effective pacing cardiac output and</p>

*End-of- Program Student Learning Outcomes

	<p>BP will rise. Good communication and teamwork.</p> <p>Team discussion of various treatment options for Afib. Drug therapies such as diltiazem and amiodarone. Discussion and demonstration of synchronized cardioversion. Discussed importance of correlating history with current situation. Great job with teamwork, communication.</p> <p>Good teamwork during code. Discussed team responsibilities and the importance of calling the code and beginning CPR immediately, delivering a shock ASAP, resuming CPR, and epi q3min. Amiodarone discussed as another drug option. Talked about low K+ as likely cause of arrhythmia.</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>

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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