

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

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

Student: Alexis Gennari
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	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	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA	S	NA	S	S	S	NA	NA	S	S	S	S					
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	NA	S	S	S	S	S	NA	NA	S	S	S	S					
d. Evaluate patient's response to nursing interventions. (Reflecting)	NA	NA	S	S	S	S	NA	NA	S	S	S	S					
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	NA	S	S	NA	NA	S	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	S					
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	S	NA	S	S	NA	NA	S	S	S	S 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	S					
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BL					
Clinical Location	QC	PD	DH	3T 78M	4N 45M 74F	3T 19F 72F	Simulation			4C 84F 70F	4C 62M	4P 86M					

Comments:

*End-of- Program Student Learning Outcomes

Week 3- Comments per Patient Advocate/Discharge Planner Preceptor: Satisfactory in all areas. (1d)- Excellent discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 4 (1g)- Satisfactory with IV skills during Digestive Health Clinical Experience. Keep up the great work! AR

Week 9- 1 a-f, h- Nice job assessing and providing care for your Critical Care patient(s). Nice work administering medications while observing the six rights. Good job identifying several cardiac rhythms and responding to alarms. BS

Week 10- 1 a-f, h- Great job assessing and managing care for your mechanically ventilated patient this week. Nice job administering medications (IVP, OG, and IV) while observing the six rights. BS

Week 11-1(a-f, h) Alexis, you did an excellent job taking care of your assigned patient this week while managing complex care situations. Your care was very organized and you were well prepared on both days. Your head to toe assessments were very thorough and well done, and you did a great job prioritizing your respiratory assessment. 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 followed all six rights of medication administration. You are doing a great job with your time management skills. You also did an excellent job with your EKG book interpreting cardiac rhythms and determining rate and measurements as well. Keep up all your hard work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	S	NA	S	S	S	NA	NA	S	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	S	NA	S	S	S	NA	NA	S	S	S	S					
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	S	S	S	S	NA	NA	S	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	S					
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA	S															
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	BS	BS	BL					

Comments:

Week 9- 2 a,b,c,- Nice job correlating the relationships among your patient's diagnosis, symptoms, and medications and incorporating them into your pathophysiology CDG- Nice work! BS

Week 10- 2 a,b,c,e- Excellent work correlating relationships among your patient's disease process, history, symptoms, and present condition, and using all of this information and more to complete a very well done ABCDEF bundle. It is an unfortunate situation but your interpretation is accurate and complete.

Week 11-2(b, c) Alexis, 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

*End-of- Program Student Learning Outcomes

Week 11-2(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	S	S	S	S	NA	NA	S	S	S	S					
a. Critique communication barriers among team members. (Interpreting)	S	S	S	S	S	S	NA	NA	S	S	S	S					
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	NA	S	NA	NA	NA											
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	NA	NA	NA	NA	NA	NA	S	NA	NA	NA					
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA					
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BL					

Comments:

Week 2: Comments from Quality Assurance/Core Measures RN's: Excellent in all areas. Thank you for your input/participation in group discussion. Competency completed prior to 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:	S	S	NA	S	S	S	NA	NA	S	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	S	S	S	S	S	NA	NA	S	S	S	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S					
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BL					

Comments:

Week 9- 4a,c- Nice job of discussing legal/ethical issues observed in the clinical setting. Professional behavior observed at all times. BS

Week 10- 4c- Professional behavior observed at all times. BS

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

Comments:

Week 6 Objective 5a: Alexis per the RN on 2-9-21, satisfactory in all areas except Collection/documentation of data, Professionalism, Attendance (Excellent). RN Comments: Good job on dressing changes and patient communication. Continue to believe in yourself as confidence comes with experience. Nice work Alexis. CP
 Week 7 Objective 5a: Alexis, Per the RN you were assigned to on 02/10/2021, excellent in all areas. RN Comments: Great job with total care for 3 patients and assisting with others. Excellent with primary IV, piggyback IV, and IV insertion. Good job with comforting your patient when she was anxious. You will be an amazing nurse! Excellent job Alexis! Per the RN you were assigned to on 02/17/2021, excellent in all areas. RN Comments: Lexi takes in everything that is taught. Very enthusiastic about learning new things. Per the RN you were assigned to on 2-18-21 – Excellent in all areas. RN Comments: Increase patient care – excellent. IV start – amazing. Great job! CP You did a great job during your patient management experience! CP

Week 9- 5 a,e- Nice job discussing factors that create a culture of safety, and also discussing the use of standardized tools that support safety and quality during debriefing. BS

Week 10- 5a,b,c- Great overall performance in the clinical setting. You were engaged and worked well with your assigned nurse and fellow student. BS

*End-of- Program Student Learning Outcomes

Week 11-5(b) Alexis, you do an excellent job taking the initiative to seek out new learning opportunities. You take advantage of every learning opportunity that presents itself in the clinical setting, and that is only going to allow you to gain more experience. You also do a great job independently completing tasks that you are able to, and seeking out assistance when appropriate. You are very knowledgeable, and you use your resources appropriately to help expand your knowledge as well. You are going to be an excellent RN! 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
Competencies:	NA	S	S	S	S	S	NA	NA	S	S	S	S					
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	NA	S	S	S	S	S	NA	NA	S	S	S	S					
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	NA	S	NA	S	S	S	NA	NA	S	S	S	S					
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	NA	S	S	S	S	S	NA	NA	S	S	S	S					
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	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	S					
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	NA	S	NA	S	S	S	NA	NA	S	S	S	S					
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BL					

*End-of- Program Student Learning Outcomes

Comments:

Week 3 (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 discussion group. CP
 Week 6 Objective 6d: Alexis, you have satisfactorily completed the Hand-off Report Competency with a score of 30/30. Per the RN “Awesome Job!” Keep up the great work! CP; Objective 6f: You satisfactorily posted to the clinical discussion group. CP
 Week 7 Objective 6f: You satisfactorily posted to the clinical discussion group. CP
 Week 9- 6 a,c,e,f- Good job working together with nursing staff to provide great care to your patient. Documentation was well done. Nice work on your pathophysiology CDG! BS
 Week 10- 6a,b,c,e,f- Very nice work teaming with your fellow student and working with your nurse to provide care for your patient. Very good job also with documentation of both interventions and medication administration. BS

Week 11-6(a) Alexis, you do an excellent job helping out your fellow students and other nurses on the floor by assisting with call lights and patient care when you are able to. Teamwork is so important in nursing, and you do an excellent job! BL

Week 11-6(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 11-6(f) Great job with your 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:	NA	NA	S	S	S	S	NA	NA	S	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	NA	NA	S	S	S	NA	NA	S	S	S	S					
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S					

*End-of- Program Student Learning Outcomes

e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S					
Faculty Initials	AR	AR	AR	CP	CP	CP	CP	CP	CP	BS	BS	BL				

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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: Alexis Gennari

Clinical Date: 3/23/21-3/24/21

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	S	
Faculty Initials	CP	CP	BS	BS	BL	
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	

* Course Objectives

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

Student Name: A. Gennari

Clinical Date: 3/16/2021-3/17/2021

<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) 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) 1 • Underlying cause/reason/diagnosis for patient's pain is discussed (1) 1 	<p>Total Points: 5 Comments: Very thorough pain assessment utilizing the appropriate assessment tools.</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: Very nicely done Alexis! Thorough discussion of the spontaneous awakening and spontaneous breathing trials in relation to your patient.</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 	<p>Total Points: 5.5 Comments: Very good job discussing your patient's analgesia/sedation. Keep in mind that the fentanyl was running at 100 mcg/hr and not 100 mcg/kg/kr.</p>

<ul style="list-style-type: none"> • 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>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) 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) 1.5 • Family's feelings and observations about patient's confusion, mentation, and agitation discussed now and prior to admission (1) 1 	<p>Total Points: 5.5 Comments: Good discussion of RASS results and the CAM-ICU tool.</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) 0.5 • 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) 0.5 • Problems/diagnoses/results hindering patient's mobility and exercise identified and explained (1) 1 	<p>Total Points: 5 Comments:</p>
<p>6. (F) Family Engagement and Empowerment (6 points total)</p> <ul style="list-style-type: none"> • Family/significant others concerns, wishes, participation, and involvement in patient's care identified and discussed (2) 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:</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	<p>34/36 Satisfactory Excellent job Alexis! BS</p>

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

Student Name: A. Gennari		Clinical Date: 3/9/2021-3/10/2021	
1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none"> • Current Diagnosis (1) 1 • Past Medical History (1) 1 		Total Points: 2 Comments:	
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: Nice job discussing the pathophysiology of your patient's diagnosis.	
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: Nice job correlating your patient's diagnosis with her signs and symptoms. As you found out, not all people experience a condition the same way.	
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) 0.5 • 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: 3.5 Comments:	
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) 		Total Points: 4 Comments: Good job correlating the patient's diagnosis with her diagnostic tests.	

1	
6. Correlate the patient's current diagnosis with all related medications. (3 points total) <ul style="list-style-type: none"> • All related medications included (1) 1 • Rationale provided for the use of each medication (1) 1 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (1) 1 	Total Points: 3 Comments: Nice job correlating your patient's diagnosis with her related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) <ul style="list-style-type: none"> • All pertinent past medical history included (1) 1 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 1 	Total Points: 2 Comments:
8. Describe nursing interventions related to current diagnosis. (1 point total) <ul style="list-style-type: none"> • All nursing interventions provided for patient explained and rationales provided (1) 0.5 	Total Points: 0.5 Comments: Nice job describing your patient's interdisciplinary team and identifying additional needs.
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	19/20 Satisfactory Nice work Alexis! BS

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Alexis Gennari (Group 7)** 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. Begins assessment, BP, O2 applied. Change in rhythm. Patient vomits. Another change in rhythm.</p> <p>#2 Patient identified. Monitor applied, VS, O2 applied. Arrhythmia observed on monitor. Patient becomes SOB, begins coughing.</p> <p>#3 Patient found to be unresponsive. Monitor applied.</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>Rhythm identified as sinus bradycardia. New rhythm identifies initially as 3rd degree heart block, corrected to 3rd degree. Discussed differences between the two rhythms. Next rhythm change interpreted as 2nd degree type I, after discussion interpretation changed to 3rd degree block.</p> <p>Rhythm interpreted as Afib. Patient interpreted to be in fluid overload. Lung sounds interpreted as crackles.</p> <p>Vtach identified.</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!) 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, 3rd degree heart block, corrected to 2nd degree type II. Second dose of atropine administered, flushed. Call to HCP to report 3rd degree heart block, suggests epi (drip), (atropine not likely to help at this point), pacing.</p> <p>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.</p> <p>Code blue called. CPR began immediately. Fast patches applied, shock delivered, resume CPR, epi q 3 min</p>
<p>REFLECTING: (6)*</p>						<p>Discussion of heart blocks and what each means. Discussed epi or dopamine drip as appropriate medications to use for symptomatic</p>

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>bradycardias. Discussed and demonstrated transcutaneous pacing, how to 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>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

*End-of- Program Student Learning Outcomes