

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

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

**Student:**   
**Semester:**

**Final Grade:** Satisfactory/Unsatisfactory

**Date of Completion:**

**Faculty:** Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN  
Carmen Patterson, MSN, RN; Brian Seitz, MSN, RN  
Brittany Lombardi, MSN, RN

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

**METHODS OF EVALUATION:**

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Plan Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- ABCDEF Bundle Grading Rubric
- Pathophysiology Grading Rubric

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
02/19/2021	2	vSim - Rachael Heidebrink	02/19/2021
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.

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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>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	NA	NA	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. <b>(Responding)</b>	NA	NA	NA S	S	S	S	NA	NA	S	S	S	S					
d. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
e. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	S	S	S													
f. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	S	NA	NA	S	S	S	NA	NA	S	S	S	S					
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	S	NA	S	NA	NA	NA											
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	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>BS</b>	<b>BS</b>	<b>BL</b>					

\*End-of- Program Student Learning Outcomes

Clinical Location	Digestive Health	No Clinical	Patient Advocate/Discharge Plan	PM Day 1-4N 64Y M	PM-3T-Day 2&3	PM-4P	No Clinical			4C-86Y M	4C-69M	4P-83M					
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**Comments:**

Week 2 (1f,g)- You did a great job performing IV skills while in Digestive Health. Keep up the great work! CP/AR

Week 4- Satisfactory during Patient Advocate/Discharge Planner clinical experience. (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the good work! AR

Week 9- 1 a-f, h- Nice job assessing and providing care for your mechanically ventilated patient(s). As you saw on day 1 it is important to respect the family of a dying patient and give them the time to grieve and say goodbye to their loved one. Nice work administering medications (IV push, IV drips, and medications down the OG tube) while observing the six rights. Good job identifying several cardiac rhythms and responding to alarms. BS

Week 10- 1 a-f, h- Good job this week of assessing and managing care for your patient this week. You collaborated well with both of your nurses this week. Per your RNs, medications (IVP, PO, IV) were administered correctly and efficiently. BS

**Week 11-1(a-f, h) Kayla, 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
<b>Competencies:</b>	NA	S	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	S	S													
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>CC (Noticing, Interpreting, Responding, Reflecting)</b>	NA	S															
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. <b>CC (Noticing, Interpreting, Responding)</b>	NA	S	NA	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>BS</b>	<b>BS</b>	<b>BL</b>					

**Comments:**

Week 9- 2 a,b,c,e- Nice job correlating the relationships among your patient’s diagnosis, symptoms, and medications and incorporating them into the ABCDEF bundle for your patient. Satisfactory bundle- Nice work! BS

\*End-of- Program Student Learning Outcomes

Week 10- 2a- Great job using your clinical judgement skills and correlating the relationships among your patient’s disease process, history, symptoms, and present condition. BS

Week 11-2(b, c) Kayla, you did an excellent job with both of these competencies this week in the clinical setting, as well as discussing them in debriefing also. BL

Week 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

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

**Comments:**

Week 5 Objective 3d: Kayla, I changed your “NA” to “S” . You discussed delegation in your clinical discussion group. CP

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

**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- 4 b,c- Good job engaging with nurses and patient (and wife) this week. BS

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

**Comments:**

Week 5 Objective 5a: Kayla, per the RN you were assigned to, 2-2-21 – Excellent in all areas except Delegation (Satisfactory). Preceptor comments: “Kayla has excellent communication with patients and is eager to learn new skills.” Nice job Kayla! CP

Week 6 Objective 5a: Kayla, per the RN you were assigned to on 2-9-21, excellent in all areas except Knowledge base and Establishment of plan of care (Satisfactory). RN Comments: Kayla is great with her patients, has great bedside manner and is very knowledgeable! Per the RN you were assigned to on 2-10-21, satisfactory in all areas except Communication skills, Professionalism, and Attendance (Excellent). RN Comments: Kayla did a great job managing 2 to 3 patients! Able to draw labs from a PICC, administer multiple IV’s, assist with an admission and do a wet to dry dressing change! Great Job! Keep up the great work Kayla! 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- 5 a,f- Kayla, great overall performance in the clinical setting this week. BS

**Week 11-5(b) Kayla, you do an excellent job taking the initiative to seek out new learning opportunities. You were able to insert a Foley catheter and observe your patient have a thoracentesis done. 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**

\*End-of- Program Student Learning Outcomes

**Objective**

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
<b>Competencies:</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	NA	S	S					
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S	S	S					
d. Deliver effective and concise hand-off reports. <b>(Responding)</b>	NA	NA	NA	NA S	NA S	NA S	NA	NA	S	S	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	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	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>BS</b>	<b>BS</b>	<b>BL</b>					

**Comments:**

Week 4 (6c,f)- Excellent discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical. Keep up the great work! AR  
 Week 5 Objective 6d: Kayla, I changed your “NA” to “S” (this objective relates to hand-off report given each week during the PM experience). Objective 6f: You satisfactorily posted to the clinical discussion group. CP  
 Week 6 Objective 6d: I changed your “NA” to “S” (this objective relates to hand-off report given each week during the PM experience). Objective 6f: You satisfactorily posted to the clinical discussion group. CP  
 Week 7 Objective 6d: Kayla, I changed your “NA” to “S” (this objective relates to hand-off report given each week during the PM experience). 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 and fellow student to provide care to your patient. Documentation was well done. Nice work on your ABCDEF bundle! BS

\*End-of- Program Student Learning Outcomes

Week 10- 6 a,b,c,e,f- Nice job of discussing the importance of collaboration (with patients, families, nursing staff, and other members of the healthcare team) during post-conference. Also, nice work on your pathophysiology CDG. BS

**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
<b>Competencies:</b>	S	NA	S	S	S	S	NA	NA	S	S	S	S					
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S	S	S					
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S	S	S					
c. Comply with the FRMCSN "Student Code of Conduct Policy." <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S	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	NA	S	S	S	S	NA	NA	S	S	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>BS</b>	<b>BS</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>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	Lab Skills									
	Critical Care Meditech Document (1,2,3,4,5,6)*	Physician Orders (1,2,3,4,5,6)*	Prioritization/ Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/7/2021	Date: 1/7/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
<b>Remediation: Date/Evaluation/Initials</b>	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 Objectives

Nursing Care Plan Grading Tool  
AMSN  
2021

**Student Name:** Kayla Roderick

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

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

<b><u>vSim Evaluation</u></b>	<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: 2/19/2021</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	<b>U</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty Initials	<b>CP</b>	<b>CP</b>	<b>BS</b>	<b>BS</b>	<b>BL</b>	
<b>Remediation: Date/Evaluation/ Initials</b>	<b>02/19 S CP</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\* Course Objectives

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

**Student Name: K. Roderick**

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

<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) <b>1</b></li> <li>• Comparison results/trending (1) <b>1</b></li> <li>• Explanation of what the patient is receiving for pain management, and whether or not it is working (1) <b>1</b></li> <li>• Non-pharmacological interventions discussed for pain management (1) <b>1</b></li> <li>• Underlying cause/reason/diagnosis for patient's pain is discussed (1) <b>1</b></li> </ul>	<p><b>Total Points: 5</b>  <b>Comments: Nice job discussing your patient's pain and utilizing the appropriate pin scales, providing trending data, and explaining his pain management therapies.</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) <b>1</b></li> <li>• Background history provided on patient's respiratory status (1) <b>1</b></li> <li>• Explanation provided of patient's cardiac status (1) <b>1</b></li> <li>• Safety screening assessments for SAT and SBT discussed (1) <b>1</b></li> <li>• Spontaneous Awakening Trials and Breathing Trials tried on patient discussed (1) <b>1</b></li> <li>• Explanation of sedation medication titrations based on results (1) <b>1</b></li> <li>• All diagnostic pulmonary results discussed (1) <b>0.5</b></li> </ul>	<p><b>Total Points: 6.5</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) <b>1</b></li> <li>• RASS results discussed (1) <b>1</b></li> <li>• Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, agitation, and sedation discussed (2) <b>1.5</b></li> </ul>	<p><b>Total Points: 5</b>  <b>Comments:</b></p>

<ul style="list-style-type: none"> <li>• Other reasons for patient’s change in mentation status or sedation identified and explained (1) <b>0.5</b></li> <li>• Trending/changes in patient’s status since admission to unit reviewed and discussed (1) <b>1</b></li> </ul>	
<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) <b>1</b></li> <li>• Patient’s assessment since admission trended/reviewed and changes discussed (1) <b>1</b></li> <li>• Medications and conditions that place the patient at risk for delirium are identified and explained (2) <b>1</b></li> <li>• Family’s feelings and observations about patient’s confusion, mentation, and agitation discussed now and prior to admission (1) <b>1</b></li> </ul>	<p><b>Total Points: 4</b>  <b>Comments: No steps of the CAM-ICU discussed</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) <b>1</b></li> <li>• Patient’s cardiac status explained (1) <b>1</b></li> <li>• Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) <b>2</b></li> <li>• Explanation of interdisciplinary team and family involvement in patient’s mobility and exercise (1) <b>1</b></li> <li>• Problems/diagnoses/results hindering patient’s mobility and exercise identified and explained (1) <b>1</b></li> </ul>	<p><b>Total Points: 6</b>  <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) <b>2</b></li> <li>• Rapport and communication between patient, family, and health care providers discussed (2) <b>2</b></li> <li>• Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2) <b>1.5</b></li> </ul>	<p><b>Total Points: 5.5</b>  <b>Comments: Nice job discussing family involvement. Another need they had was for the funeral home to prepare the body to be transported to Cleveland.</b></p>
<p>Total possible points = 36  32-36 = Satisfactory  27-31 = Needs improvement  &lt;27 = Unsatisfactory</p>	<p><b>32/36 Satisfactory</b>   <b>Nice work! BS</b></p>

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

<b>Student Name: K. Roderick</b>		<b>Clinical Date: 3/16/2021-3/17/2021</b>	
<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) <b>1</b></li> <li>• Past Medical History (1) <b>1</b></li> </ul>		<b>Total Points: 2</b> <b>Comments: Good job discussing your patient's diagnosis and history</b>	
<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) <b>1</b></li> </ul>		<b>Total Points: 1</b> <b>Comments: Good discussion of the pathophysiology of your patient's disease process.</b>	
<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) <b>1</b></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) <b>1</b></li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1) <b>1</b></li> </ul>		<b>Total Points: 3</b> <b>Comments: Nice job correlating your patient's symptoms with his current diagnosis.</b>	
<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) <b>1</b></li> <li>• Rationale provided for each lab test performed (1) <b>1</b></li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) <b>1</b></li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1) <b>0</b></li> </ul>		<b>Total Points: 3</b> <b>Comments:</b>	
<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) <b>1</b></li> <li>• Rationale provided for each diagnostic test performed (1) <b>1</b></li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) <b>1</b></li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)</li> </ul>		<b>Total Points: 4</b> <b>Comments: Good job here, all components covered.</b>	

<b>1</b>	
<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) <b>0.5</b></li> <li>Rationale provided for the use of each medication (1) <b>1</b></li> <li>Explanation of how each of the patient’s relevant medications correlate with current diagnosis (1) <b>1</b></li> </ul>	<p><b>Total Points: 2.5</b></p> <p><b>Comments:</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) <b>0.5</b></li> <li>Explanation of how patient’s pertinent past medical history correlates with current diagnosis (1) <b>1</b></li> </ul>	<p><b>Total Points: 1.5</b></p> <p><b>Comments:</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) <b>1</b></li> </ul>	<p><b>Total Points: 1</b></p> <p><b>Comments:</b></p>
<p>Total possible points = 20  17-20 = Satisfactory  14-16 = Needs improvement  &lt;13 = Unsatisfactory</p>	<p><b>18/20 Satisfactory</b></p> <p><b>Good job! BS</b></p>

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Kayla Roderick (Group 5)**      OBSERVATION DATE/TIME: **2/25/21**      SCENARIO #: **Dysrhythmias**

<b>CLINICAL JUDGMENT</b> <b>COMPONENTS NOTICING: (1, 2, 5)*</b>	<b>OBSERVATION NOTES</b>
<ul style="list-style-type: none"> <li>• Focused Observation:            E      <b>A</b>      D      B</li> <li>• Recognizing Deviations from Expected Patterns:            <b>E</b>      A      D      B</li> <li>• Information Seeking:            E      <b>A</b>      D      B</li> </ul>	<p><b>#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.</b></p> <p><b>#2 Patient identified. Patient placed on monitor, VS. Inquired about onset of symptoms. HR elevated, O2 applied. Lower BP noticed.</b></p> <p><b>#3 Patient found to be unresponsive. Put on monitor. CPR began immediately. Code Blue called.</b></p>
<b>INTERPRETING: (2, 4)*</b> <ul style="list-style-type: none"> <li>• Prioritizing Data:            <b>E</b>      A      D      B</li> <li>• Making Sense of Data:            E      <b>A</b>      D      B</li> </ul>	<p><b>Lung sounds identified as crackles. Interprets symptoms as indicative of symptomatic bradycardia. New rhythm identified as 2<sup>nd</sup> degree type II heart block. Next rhythm identified as 3<sup>rd</sup> degree block.</b></p> <p><b>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.</b></p> <p><b>Rhythm identified as Vtach.</b></p>
<b>RESPONDING: (1, 2, 3, 5)*</b> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:            E      <b>A</b>      D      B</li> <li>• Clear Communication:            <b>E</b>      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility:            <b>E</b>      A      D      B</li> <li>• Being Skillful:            E      <b>A</b>      D      B</li> </ul>	<p><b>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. 2<sup>nd</sup> dose of atropine administered. Team discusses epi drip as a possible treatment option (good suggestion).</b></p> <p><b>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.</b></p> <p><b>CPR, fast patches applied, EPI given. Shock delivered, CPR, ambu bag.</b></p>

\*End-of- Program Student Learning Outcomes

<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <b>E</b>      A      D      B</li> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<p>Team discussed treatment options for symptomatic bradycardias. Nice job identifying various rhythms. Discussed that when rhythm progresses to 3<sup>rd</sup> 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 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><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