

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:	S	S	S	NA	NA	NS	NA	NA	S	NA	S	NA	S					
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NS	NA	NA	S	NA	S	NA	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	NA	NS	NA	NA	S	NA	S	S	S					
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S					
d. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S					
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S					
f. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S					
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	S	S	NA	NA	NA	NA	S	NA	S	NA	NA					
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	NA	S	S					
Faculty Initials	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	BL				
Clinical Location	Patient Management	Patient Management	Patient Management	DH	Core Measures	PD					IS & SP	CD SH	4P					

Comments:

Week 5 (1g)- Satisfactory in all venipuncture skills during your Digestive Health clinical experience. Great job! AR

*End-of- Program Student Learning Outcomes

Week 7- Comments per Patient Advocate/Discharge Planner Preceptor: Satisfactory in all areas. (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 10- Comments per Infusion Center Preceptor: Excellent in all areas. Student comfortable interacting with patients, good skills, good attitude. Comments per Special Procedures Preceptor: – Satisfactory in all areas. Several IV starts and lab draws, sterile tray set-up, observed procedures; interacts well with staff and patients. (1b,d)- Satisfactory discussion via CDG postings related to your Special Procedures and Infusion Center clinical experiences. Keep up the great work! AR

Week 11- Comments per Cardiac Diagnostics Preceptor: Excellent in all areas. (1b)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Great job! AR

Week 12-1(a-f, h) Austin, 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 cardiac assessment for this patient, and monitoring her blood pressure very closely since she was on a Nitro gtt. You had excellent communication with the patient on both days, and respected her values. You also did a great job interpreting her cardiac rhythm strip, as well as responding appropriately to equipment alarms. Your medication passes were very well done on both days, and you followed all six rights of medication administration. 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:	S	S	S	S	NA	NA	NA	NA	S	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)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S				
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	NA	S	S				
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	NA	NA	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)	S NA	NA															
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 12-2(a) Austin, you did a great job with your pathophysiology in which you addressed this competency. Please see the Pathophysiology Grading Rubric at the end of this document for my feedback. BL

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	NA	NA	NA	NA	S	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	S	S	S	S	S	NA	NA	S	NA	NA	S	S				
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	S	S	S	S	NA	NA	NA	S	NA	S	S	S				
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S				
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	S	S	S	S	NA	NA	NA	NA	S	NA	NA	NA	NA				
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 6 (3b,c)- Satisfactory during Quality Assurance/Core Measures observational experience. Keep up the great work! AR

Week 10 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Week 11 (3b,c)- Satisfactory Quality Scavenger Hunt clinical experience and discussion via CDG posting. Keep up the great work! AR

Week 12-3(c) You did a great job ensuring you used the PAR system appropriately when obtaining care items for your patient this week in clinical. This is just one important way to ensure fiscal responsibility in clinical practice. BL

*End-of- Program Student Learning Outcomes

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	S	NA	S	S	NA	NA	S	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)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S				
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S				
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 12-4(a) Excellent job this week during debriefing in which you were actively involved in the discussion of this competency. You gave great examples of legal and ethical issues observed in the clinical setting. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 2 Objective 5a: Austin, per the RN you were assigned to on 1-12-21, excellent in all areas. Comments: Very organized, prepared, willing to learn, helpful with other patients as well, prompt with tasks. Nice work Austin! CP

Week 3 Objective 5a: Austin, per the RN you were assigned to on 1-19-21 – Excellent in all areas. Comments: Austin did great with time management and keeping up with charting. On 1-20-21 – Excellent in all areas except Collection/Documentation of Data, Establishment of Plan of Care, and Technical Skills (Satisfactory)

Comments: Austin has a great bedside manner and knowledgeable. Nice job! CP

Week 4- Comments per RN 1/27/2021: Excellent in all areas except Delegation (Satisfactory). Student Goals: Be sure to look for new orders throughout the day. Another goal is to engage in more communication (interpersonal). “Student has great knowledge of disease processes. Very hands on and ready to do new skills and advance knowledge.” Comments per RN 1/28/2021: 1-28-21 – Excellent in all areas. Student Goals: To continue my understanding of disease processes that I am unfamiliar with.

“Austin did well with managing multiple patients and asked questions when appropriate.”. Great job Austin! Keep up the great work this semester! AR

*End-of- Program Student Learning Outcomes

Week 12-5(b) This week you had the opportunity to watch your patient have a heart catheterization done. I hope you enjoyed this experience and learned a lot as well. BL

Week 12-5(c, e) Excellent job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	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)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	NA	S				
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S				
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	NA				
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S				
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S NI	S NA	NA	S	NA	NA	S	NA	S	S	S NI				
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 2 Objective 6f: You satisfactorily posted in the clinical discussion group. CP

Week 3 Objective 6f: You satisfactorily posted in the clinical discussion group. CP

Week 4 (6f)- While your CDG posting was thorough and accurate you unfortunately did not include an in-text citation therefore you have received an NI. Be sure to review the CDG Grading Rubric prior to future postings. CP/AR

*End-of- Program Student Learning Outcomes

Week 4: While reeving my tool this week, I realized I ill mindedly forgot to place an intext citation in my post, looking into the next possible CDG, I will remember to review my CDG completely prior to submission to ensure that an intext citation is present! AR

Week 7 (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Keep up the great work! AR

Week 10 (6c,f)- Satisfactory discussion via CDG postings related to your Special Procedures and Infusion Center clinical experiences. Great job! AR

Week 11 (6f)- Satisfactory discussion via CDG postings related to your Cardiac Diagnostics and Quality Scavenger Hunt clinical experiences. Keep up the great work! AR

Week 12-6(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 12-6(f) Excellent job with your Pathophysiology CDG this week. Unfortunately you omitted an in-text citation within your CDG, therefore this competency was changed to an “NI” for this week. Remember to include both an in-text citation and reference in all your CDG postings. 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	S	S	S	S	NA	NA	S	NA	S	S	S				
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S				
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S				
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	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	S	S	S	S	NA	NA	S	NA	S	S	S				
Faculty Initials	CP	CP	AR	BL													

Comments:

Midterm- You have done a great job during the first half of the semester Austin! Keep up the great work as you complete the course. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2021

<u>Skills Lab Competency Evaluation</u>	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	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

***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

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

vSim Evaluation	Rachael Heidebrink (Pharmacology) (1. 2. 6. 7)*	Junetta Cooper (Pharmacology) (1. 2. 6. 7)*	Mary Richards (Pharmacology) (1. 2. 6. 7)*	Lloyd Bennett (Medical-Surgical) (1. 2. 6. 7)*	Kenneth Bronson (Medical-Surgical) (1. 2. 6. 7)*	Carl Shapiro (Pharmacology) (1. 2. 6. 7)*
	Date: 2/12/2021	Date: 2/26/2021	Date: 3/12/2021	Date: 3/19/2021	Date: 3/25/2021	Date: 4/22/2021
Evaluation	S	S	S	S	S	
Faculty Initials	AR	AR	AR	AR	AR	
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>#1 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> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Discussion of heart blocks and what each means. Discussed epi or dopamine drip as appropriate medications to use for symptomatic bradycardias. Discussed and demonstrated transcutaneous pacing, how to 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.</p>

*End-of- Program Student Learning Outcomes

	<p>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>

Student Name:

Clinical Date:

<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:</p> <p>Comments:</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:</p> <p>Comments:</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:</p> <p>Comments:</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)• Patient's assessment since admission trended/reviewed and changes discussed (1)	<p>Total Points:</p> <p>Comments:</p>

<ul style="list-style-type: none"> • 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>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: 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) • 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: Comments:</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	

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

Student Name: **Austin Hartz**

Clinical Date: **3/30/21-3/31/21**

<p>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</p> <ul style="list-style-type: none">• Current Diagnosis (1)-1• Past Medical History (1)-1	<p>Total Points: 2 Comments: Great job providing a detailed description of your patient's current diagnosis and past medical history. BL</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</p> <ul style="list-style-type: none">• Pathophysiology-what is happening in the body at the cellular level (1)-1	<p>Total Points: 1 Comments: Excellent job! Your pathophysiology of your patient's current diagnosis is accurate and thorough. BL</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</p> <ul style="list-style-type: none">• All patient's signs and symptoms included (1)-1• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)-0• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)-1	<p>Total Points: 2 Comments: Overall, nice job. You included all your patient's signs and symptoms, and correlated them accurately to her diagnosis. What other signs and symptoms are typically expected in a patient who is suffering from a possible MI? Particularly, there could have been some more information here related to the signs and symptoms that are different for women. BL</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</p> <ul style="list-style-type: none">• All patient's relevant lab result values included (1)-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	<p>Total Points: 4 Comments: Excellent job! All relevant lab results included, normal values explained, rationales provided, and correlation with current diagnosis provided. BL</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</p> <ul style="list-style-type: none">• All patient's relevant diagnostic tests and results included (1)-1• Rationale provided for each diagnostic test performed (1)-1• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1)-0• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)-1	<p>Total Points: 3 Comments: Overall, great job! There was information missing related to explanations of what a normal diagnostic test result should be in the absence of your patient's current diagnosis. BL</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p> <ul style="list-style-type: none">• All related medications included (1)-1• Rationale provided for the use of each medication (1)-0.5• Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)-0.5	<p>Total Points: 2 Comments: Missing a rationale for the use of the Nitro gtt, as well as correlation to the current diagnosis. BL</p>

<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: Great job! 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)-1 	<p>Total Points: 1 Comments: Nice job! BL</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>Total Points: 17/20 Satisfactory Pathophysiology. Great job! BL</p>

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

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

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/28/2020