

**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)
2/5/2021	1H	Didn't complete PD survey	2/8/2021 1H
3/19/2021	6H	Missed CD/SH clinical experiences	
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:	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
d. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	S	NA	NA	NA	S	S	NA	S	S					
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S					
f. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	S	NA	NA	NA	NA	S	NA	NA	NA	S					
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	NA	S	S					
Faculty Initials	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	BL				
Clinical Location				DH/ PD	QC					IS	NA	SP	4P					
Patient Management			Pt mgm t															

Comments:

*End-of- Program Student Learning Outcomes

Week 4 (1b,f)- Satisfactory discussion via CDG posting related to your Patient Management clinical experience. AR

Week 5 (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. ((1f)- Satisfactory with venipuncture skills during your Digestive Health clinical experience. Keep up the great work! AR

Week 9- Comments from Infusion Center Preceptor: Excellent in all areas. Energetic and engaging. (1d)- Excellent discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 11- Comments from Special Procedures Preceptor: Satisfactory in all areas. Asked good questions; observed several procedures; professional appearance. (1b,d)- Satisfactory discussion via CDG posting related to your Special Procedures clinical experience. AR

Week 12-1(a-h) Malenia, you did an excellent job taking care of your patient this week while managing complex care situations. Your care was very organized and you were well prepared. You did a great job prioritizing your assessments for this patient. 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. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated excellent dexterity and evidence of preparation. Keep up all your great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	NA	NA	NA	NA	S	S	NA	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	S	NA	S	S				
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	S	NA	NA	NA	S	S	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	S	NA	S	S				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	S	S	S NA	S NA	NA	NA	NA	NA	S	NA	NA	NA	S NA				
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	NA	S NA															
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 4 (2c)- Satisfactory discussion via CDG posting related to your Patient Management clinical experience. Great job! AR

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

Comments:

Week 4 (3d,e)- Satisfactory discussion via CDG posting related to your Patient Management clinical experience. Keep up the great work! AR

Week 6 (3b,c)- Satisfactory during Quality Assurance/Core Measures observation experience. Great job! AR

Week 9 (3c)- Excellent discussion via CDG posting related to your Infusion Center clinical experience. 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

Objective

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

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

Comments:

Week 9 (4c)- You have received a “U” due to your tool being submitted past the time due (0800). Be sure to follow the directions at the beginning of this tool so that you adequately address the “U” on next weeks’ tool. AR

WEEK 9 (4C): I woke up early today to ensure that the Tool was complete and on time. I am going to start submitting it the night before it is due to ensure that this no longer continues to occur. Thank you for understanding Amy! AR

Week 10 (4c)- While you did correctly address the “U” you received for Week 9, you have now received a “U” for Week 10 due to missing your CD/SH clinical experiences without notifying the school until after the time of clinical (due to mis-reading your clinical schedule). You will need to address the U for Week 10 next week. AR

WEEK 9-10-11: THIS IS ME ADDRESSING THE WEEKS WHERE I WAS DID NOT ADDRESS MY U’S AND HOW I PLAN TO BECOME BETTER AT PROFESSIONALISM. I HAVE HAD A HARD TIME THIS SEMSTER WITH THIS TOOL AND SHOWING UP. I AM PLANNING TO CONTINUE TO WORK HARD AND STAY AHEAD OF THE BALL BY WORKING AHEAD AND ENSURING THAT I KNOW THE TIME AND LOCATION OF WHERE I NEED TO BE. REMIANING PROFESSIONAL EVEN WHEN YOU ARE GOING THROUGH HARD TIMES IS EXPECTED AS A NURSE AND I AM GOING TO CONTINUE TO BE MORE DILIGENT IN MY PROFESSIONALISM. I WILL MAKE SURE THAT I WORK HARD AND BE MORE THOROUGH IN MY WORK. THANK YOU FOR ALLOWING ME THE OPPORTUNITY TO SHOW YOU. BL

Week 11 (4c)- You have once again received a “U” for this competency due to the following: You did not address the “U” you received for Week 10 (see area highlighted above). Review the directions at the beginning of this tool and be sure to address both Week 10 & 11 “U’s” correctly when submitting your Week 12 tool. Do not hesitate to seek assistance or clarification as needed. AR

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 Objective 5a: Malenia, per the RN you were assigned to on 1-12-21 – Satisfactory in all areas. comments: Malenia is safety-oriented, a quick learner, and prioritizes her workload very well; she assisted with other patients/shadowed this nurse with other patients and is a team player. It was a pleasure to precept with her today. Nice work Malenia! Remember to set goals for yourself for each experience. CP

Week 3 Objective 5a: Malenia, per the RN you were assigned to on 1-19-21 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Comments: Malenia did a great job with total care of 2 patients! Was able to administer many PO meds, assist with wound dressing change, discharge, and IV antibiotic with

*End-of- Program Student Learning Outcomes

primary tubing. On 1-20-21 – Excellent in all areas. Comments: Great job today with communicating with patients. You did great with med pass and hanging IV meds. Excellent job Malenia! Keep up the great work! CP

Week 4- 1-27-21 – Excellent in all areas except Collection/Documentation of Data, Establishment of Plan of Care, and Delegation (Satisfactory).

Student Goals: Ensure that I am reviewing the new orders as they come in. My plan of care changes based upon new orders and I would have known that if I had checked. Comments: Student provides great knowledge of medications and disease processes. Continue to work on skills. (5c)- Satisfactory discussion via CDG posting related to your Patient Management clinical experience. Keep up the great work! AR

Week 6 (5a-f)- Unfortunately you did not evaluate yourself for any of these competencies this week therefore you have received an unsatisfactory for each. Be sure to refer to the beginning of this document for the correct way to address these “U’s” for your Week 7 tool. AR

Week 6-7 (5a-f) I was rushing through and had a lot on my mind, although not an excuse, I have had time to process my thoughts and am working toward being more detailed orientated which is a high priority as a nurse. I am going to use my better judgement by checking over my completed work to ensure that I am not making the same mistake twice. **This is a good plan. AR**

Week 9 5a: I am happy with my overall performance this week. I was able to start 3-4 IV’s with no issues and was able to change a central line dressing. I was happy with the way I was able to sit, listen, and learn. I am ready to be a nurse ☺ **Wonderful!! AR**

Week 11 5a: This week clinical was different, the special procedures that I did get to watch and observe were very interesting, but I was not involved much by the facility. Overall the experience was nice but it was very strange in my opinion. **Thanks for sharing this information. Special Procedures usually involves hands-on skills before and during procedures. AR**

WEEK 12: I WAS HAPPY WITH THE CARE I PROVIDED AND RESEARCHING THE PATHOLOGICAL EFFECTS OF THIS PATIENTS DISEASE HELPED ME BETTER UNDERSTAND SEPSIS. I AM HAPPY TO HAVE BEEN ABLE TO CARE FOR THE PATIENT AND ENSURE SHE WAS GIVEN THE BEST CARE WHILE AT FRMC. **Great job! 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:	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
d. Deliver effective and concise hand-off reports. (Responding)	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	U	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	U	S	S	S NI	U	NA	NA	NA	S	s	NA	S NI	S NI				
Faculty Initials	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	BL			

Comments:

Week 2 Objective 6a-f: Malenia, I gave you a “U” for objectives 6a-f due to not completing this section of the clinical tool. Please remember to complete all sections of the clinical tool each week. If there is an objective does not apply, please place N/A in the box. Please state how you will be satisfactory in this competency when completing your tool next week. Refer to the direction on page 1 of this clinical tool. Also, please remember to provide a complete reference for your clinical discussion group post. For your post this week, you only provided the link for your reference. If you have any questions, please do not hesitate to let me know. CP

Week 2 6:a-f: Carmen, I apologize. This will no longer happen as I must make better efforts to ensure all of my work is completed. I also submitted only a link again this week for my CDG. I am in need of further clarification on reference if possible, but I also need to be better about looking at my clinical tool before its due. Malenia, thank you for your comments. Please refer to the “Skyscape APA Resource” document under “Clinical Resources” on Edvance360. This document provides examples of how the reference list should be set up. If you have any additional questions, please do not hesitate to let me know. CP

Week 3 Objective 6d: You satisfactorily completed the Hand-off Report Competency with a score of 30/30. Nice work! CP Objective f: You satisfactorily posted in the clinical discussion group. CP

*End-of- Program Student Learning Outcomes

Week 4 (6e,f)- Satisfactory discussion via CDG posting related to your Patient Management clinical experience. Great job! AR

Week 5 (c/f)- While your CDG posting related to your Patient Advocate/Discharge Planner clinical experience was satisfactory, you received a NI due to not providing a reference for your in-text citation. Be sure to follow the CDG grading rubric, which indicates the need for an in-text citation and reference for each posting. AR

Week 6 (a-f)- Unfortunately you did not evaluate yourself for any of these competencies this week therefore you have received an unsatisfactory for each. Be sure to refer to the beginning of this document for the correct way to address these “U’s” for your Week 7 tool. AR

Week 6-7 (5a-f) I was rushing through and had a lot on my mind, although not an excuse, I have had time to process my thoughts and am working toward being more detailed oriented which is a high priority as a nurse. I am going to use my better judgement by checking over my completed work to ensure that I am not making the same mistake twice. AR

Week 9 (6c,f)- Excellent discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 11 (6f)- While the information you included in your CDG was satisfactory, you did not include a reference for your in-text citation. According to the CDG Grading Rubric you have received an “NI” due to this. For future CDG’s make sure you are following all guidelines on the grading rubric, along with any other pertinent rubrics. 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 a reference from your CDG posting for your in-text citation, therefore, this competency has been changed to an “NI” for this week. Remember to include both an in-text citation and reference for 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	U	NA	NA	NA	S	S	NA	S	S				
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	U	NA	NA	NA	S	S	NA	S	S				
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	U	NA	NA	NA	S	S	NA	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	U	NA	NA	NA	S	s	NA	S	S				
Faculty Initials	CP	CP	AR	BL													

Comments:

Week 6 (a-e)- Unfortunately you did not evaluate yourself for any of these competencies this week therefore you have received an unsatisfactory for each. Be sure to refer to the beginning of this document for the correct way to address these "U's" for your Week 7 tool.

Week 6-7 (5a-f) I was rushing through and had a lot on my mind, although not an excuse, I have had time to process my thoughts and am working toward being more detailed oriented which is a high priority as a nurse. I am going to use my better judgement by checking over my completed work to ensure that I am not making the same mistake twice. AR

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Skills Lab Evaluation Tool
AMSN
2021

Skills Lab Competency Evaluation	Lab Skills									
	Critical Care Meditech Document (1,2,3,4,5,6)*	Physician Orders (1,2,3,4,5,6)*	Prioritization/ Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1.2.4.5.6)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/7/2021	Date: 1/7/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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

STUDENT NAME: **Group 6** OBSERVATION DATE/TIME: **2/25/21** SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<p>#1 Patient identified. VS, patient on monitor. Orientation assessed. Patient CO of being tired. HR dropping. Patient CO nausea, bin provided. Rhythm change noticed.</p> <p>#2 Patient identified, placed on monitor, VS. HR 152. Notices abnormal rhythm. Patient is updated on the treatment plan. BP drops. BP rises but patient is SOB.</p> <p>#3 Patient found to be unresponsive. Put on monitor.</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 						
INTERPRETING: (2, 4)*						
<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>HR and BP noted to be below normal. Meta blocker mentioned as a possible cause. HR noted to be sinus. New rhythm noted to be 1st degree heart block (after team discussion it was determined to be 2nd degree type II).</p> <p>SpO2 of 92% determined to be in need of O2. Rhythm identified as Afib after discussion. Patient noted to be hypotensive.</p> <p>Rhythm interpreted to be Vtach.</p>
RESPONDING: (1, 2, 3, 5)*						<p>O2 applied. Call to HCP (remember to include background info) suggests not giving metoprolol and giving atropine, switched to epinephrine 1 mg. Atropine dose suggested, order received and read back. Atropine prepared, patient identified, medication explained and administered. (remember to flush before and after IVP), 2nd dose administered (remember to flush). Call to HCP with rhythm change, determined to be 2nd degree type II, which changes to 3rd degree, suggests pacing.</p> <p>Call to HCP with SBAR report with recommendation of diltiazem due to A-flutter (Afib). (discussion of difference between the two rhythms). Bolus dose and drip rate supplied. Orders received and read back. Bolus prepared, allergies checked, flush verbalized. Patient instructions provided. Diltiazem pump rate discussed and appropriate rate agreed upon. Patient CO dizziness, call to HCP with recommendation for cardioversion. Fluid bolus suggested, order received and read back. Bolus initiated. Bolus DC'd when patient gets SOB. Call to HCP to report SOB, fluid overload.</p> <p>CPR initiated immediately. (remember to call Code Blue) Epi-administered. Fast patches applied, shock delivered, CPR reinitiated. Epi given q3min. 2nd shock delivered, CPR</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 						
REFLECTING: (6)*						<p>Discussion of what is happening with a third degree block and that</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>atropine will not likely help at this point. Due to low HR, CO and BP will also be reduced. Discussed that an epi or a dopamine drip would be appropriate in this situation. Discussion and demonstration of external pacing, the importance of capture and how to achieve it, and the likely need for pain medication. This will raise CO and BP. Also discussed the importance of the role of the recorder. Takeaways; importance of checking medications, teamwork, communication.</p> <p>Discussion of the various treatment options for Afib including drug therapies and synchronized cardioversion. Demonstration of cardioversion. Also discussed the importance of taking patient history into consideration, in this case relating to CHF and low EF.</p> <p>Talked about recognizing Vtach and the importance of calling the code immediately. Discussed delivering a shock ASAP and ideally prior to the first epi, and right back to CPR after delivering the shock. Discussed amiodarone as an alternative to epi in a code situation. Discussed low K+ as the likely cause of patient going into Vtach.</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>

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

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) 	<p>Total Points:</p> <p>Comments:</p>
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*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> • 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>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: 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: 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) • 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>Total Points: Comments:</p>
<p>5. (E) Early Mobility and Exercise (6 points total)</p> <ul style="list-style-type: none"> • Patient's strength and mobility assessed and discussed (1) • Patient's cardiac status explained (1) 	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> • 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) 	
6. (F) Family Engagement and Empowerment (6 points total) <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) 	Total Points: Comments:
Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory	

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

Student Name: Malenia Wagner

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

1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none"> • Current Diagnosis (1)-1 • Past Medical History (1)-1 	Total Points: 2 Comments: Great job providing a detailed description of your patient's current diagnosis and past medical history. BL
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the 	Total Points: 1 Comments: Excellent job! Your pathophysiology of your patient's current diagnosis is accurate and

cellular level (1)-1	thorough. BL
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) <ul style="list-style-type: none"> All patient's signs and symptoms included (1)-1 Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)-0.5 Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)-0 	Total Points: 1.5 Comments: Great job listing all your patient's signs and symptoms. There is information missing related to what other signs and symptoms are typically expected with this current diagnosis, as well as your correlation to the current diagnosis. You need to be specific in explaining what is happening in the patient's body that is causing these signs and symptoms. BL
4. Correlate the patient's current diagnosis with all related labs. (4 points total) <ul style="list-style-type: none"> All patient's relevant lab result values included (1)-1 Rationale provided for each lab test performed (1)-1 Explanation provided of what a normal lab result should be in the absence of current diagnosis (1)-1 Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)-1 	Total Points: 4 Comments: Excellent job! All relevant lab results included, normal values explained, rationales provided, and correlation with current diagnosis provided. BL
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) <ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (1)-1 Rationale provided for each diagnostic test performed (1)-1 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1)-1 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)-1 	Total Points: 4 Comments: Excellent job! BL
6. Correlate the patient's current diagnosis with all related medications. (3 points total) <ul style="list-style-type: none"> All related medications included (1)-1 Rationale provided for the use of each medication (1)-1 Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)-1 	Total Points: 3 Comments: Malenia, excellent job correlating the patient's current diagnosis with all related medications. BL
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: Great job! BL
8. Describe nursing interventions related to current diagnosis. (1 point total) <ul style="list-style-type: none"> All nursing interventions provided for patient explained 	Total Points: 1 Comments: Great job! All nursing interventions included and detailed rationales provided. BL

and rationales provided (1)-1	
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	Total Points: 18.5/20 Satisfactory Pathophysiology. Excellent job! BL

**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:

*End-of- Program Student Learning Outcomes

Student eSignature & Date:

ar 12/28/2020