

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

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

Student:
Semester:

Final Grade: **Satisfactory**

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
FB	Frances Brennan, MSN, RN		
CP	Carmen Patterson, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN		
BL	Brittany Lombardi, MSN, RN		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	NA	NA	NA	NA	S	S	NA	NA	S	S	S	S	NA	S
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NA	NA	S	S	NA	NA	S	S	S	S	NA	S
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	NA	NA	S	S	NA	NA	S	S	S	S	NA	S
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	NA	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
d. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	NA	NA	NA	NA	S	S	NA	NA	S	S	S	S	NA	S
e. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S	S	NA	S
f. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S	S	S	S	NA	S
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	NA	NA	NA	NA	S	S	S	NA	S	NA	NA	NA	NA	S
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S	S	S	S	NA	S
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	BS	BS	BL	BL	BL
Clinical Location	3T, preceptor	4P, preceptor	Patient Management	QC	Patient Advocate/ DC Planning	Canceled DH	NA	DH		Special Procedures	NA	Infusion Center	CD/SH/4C	ICU	4P	NA	

*End-of- Program Student Learning Outcomes

Comments:

Week 6 (1c)- Comments per Patient Advocate/Discharge Planner Preceptor: Excellent in all areas except “Actively engaged in the clinical experience”, and “Demonstrates professionalism in nursing.” (Satisfactory). (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Great job! AR

Make-up (1g)- Satisfactory will all venipuncture skills while in Digestive Health. Great job! AR

Week 9- Comments per Special Procedures Preceptor: Satisfactory in all areas. IV starts w/lab draw 4X, observed several angio procedures and paracentesis. Interacts well with patients. (1b,d)- Satisfactory discussion via CDG posting related to your Special Procedures clinical experience. Great job! AR

Week 11- Comments per Infusion Center Preceptor: Excellent in all areas. IV starts, engaging, helpful. (1d)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 11 (1b)- Satisfactory Cardiac Diagnostics clinical experience and discussion via CDG posting. Great job! AR

Week 12- 1 a-f, h- Great work this week assessing and managing care for your mechanically ventilated patient. You recognized abnormal lung sounds in your patient and the need for suctioning, with improvement in lung sounds. Actions like this can prove beneficial to your patient and help prevent a small problem from becoming a big one. We were able to discuss and interpret a few cardiac rhythms (more next week). Medications were all administered (OG, IV, IVP) observing the six rights. BS
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 13- 1a-f,h- Great work this week assessing and providing care to your patients. You interacted well with both of them and they appreciated your attention. Several rhythm strips were viewed and interpreted. Medications were all administered (IV, PO, SQ) while observing the six rights. BS

Week 14-1(a-f, h) Rheanna, you did an excellent job taking care of your patients 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 your patients, and monitoring their heart rhythms and oxygenation status very closely. You had excellent communication with the patients on both days, and respected their values. You also did a great job responding appropriately to equipment alarms. Your medication pass was very well done, and you followed all six rights of medication administration. You also did an excellent job with your EKG book interpreting cardiac rhythms and determining rate and measurements as well. Keep up all your great work! BL

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	NA	NA	NA	NA	NA	S	S	NA	S	S	S	S	NA	S
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding)																	
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	S	S	S	NA	S	S	S	S	NA	S
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	S	S	S	S	NA	S
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA	S	NA	NA	S												
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	NA	S	NA	NA	NA	S											
Faculty Initials	CP	CP	CP	AR	BS	BS	BL	BL									

Comments:

Week 12- 2 a,b,c,e- Nice job of correlating the relationships among your patient’s disease process, history, his symptoms, and present condition utilizing your clinical judgment skills, and incorporating this information into your ABCDEF bundle. BS

Week 13- 2a,b,c,d- Nice job of correlating the relationships among your patient’s disease process, history, his symptoms, and present condition utilizing your clinical judgment skills, and using your assessment and observational information to formulate a prioritized care plan for your patient. BS

Week 14-2(a) 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

Week 14-2(b, c) Rheanna, you did an excellent job with both of these competencies this week in the clinical setting, as well as discussing them in debriefing also. BL

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																	
3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*																	
Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
a. Critique communication barriers among team members. (Interpreting)																	
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	NA	NA	S	NA	NA	NA	NA	S	NA	S						
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	NA	NA	NA	NA	S	S	S	NA	NA	NA	NA	S	NA	S
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mngmt.)	S	S	S	NA	NA	NA	NA	NA	S	NA	S						
Faculty Initials	CP	CP	CP	AR	BS	BS	BL	BL	BL								

Comments:

Week 5 (3b,c)- Satisfactory during Quality Assurance/Core Measures clinical experience. Keep up the great work! AR

Week 11 (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 14-3(c) This week you did an excellent job utilizing the PAR system appropriately to charge out items that you needed to care for your patient. This is just one example of a 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	NA	NA	NA	NA	S	S	NA	NA	S	S	S	NA	S
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S	S	NA	NA	S	S	S	NA	S
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	NA	NA	NA	NA	S	S	S	NA	S	S	S	S	NA	S
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
Faculty Initials	CP	CP	CP	AR	BS	BS	BL	BL	BL								

Comments:

Week 10 (4c)- You have received a “U” due to your tool being submitted past the due date and time. Be sure to address the U next week according to the directions at the beginning of this document. AR

Week 11 (4c): I submitted my clinical tool late last week. I had a lot going on: started nurse intern position, got diagnosed with Hashimotos and had an “urgent” doctor’s appointment with the endocrinologist. It was a lot for me to process. I also did not have clinical last week so I feel like that is why I forgot to turn it in. Although none of these are excuses, I just wanted to explain myself. TO prevent this in the future, I will make sure I remember to submit my clinical took as early in the week as possible if I have no clinical. Rheanna- thank you for sharing this information. In the future please reach out and we will be happy to take your health, etc. into consideration. I hope you are doing okay. Please let me know if there is anything I can do for you! AR

Week 12- 4 a,c- Good job discussing examples of legal/ethical issues witnessed in the clinical setting. Professional behavior observed in the clinical setting at all times. BS

Week 13- 4b,c- Really nice work engaging with both of your patients this week! Professional behavior observed in the clinical setting at all times. BS

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

Comments:

Week 2 Objective 5a: Rheanna, per the RN you were assigned to on 1-12-21 – Satisfactory in all areas except Professionalism and Attendance (Excellent). Comments: Rheanna is an excellent student. She is a self-starter and not afraid to try new things. She asks questions when appropriate and ensures clarification of instructions. Great bedside manner. Excellent work Rheanna! CP

Week 3 Objective 5a: Rheanna, per the RN you were assigned to on 1-19-21 – Satisfactory in all areas except Delegation (Needs Improvement); Excellent in Professionalism and Attendance. Comments: Knowledge of medication is great! Keep putting mediations and diagnoses together! On 1-20-21 – Excellent in all areas except Knowledge base (Satisfactory). .Keep up the great work Rheanna! CP

Week 4 Objective 5a: Rheanna, per the RN you were assigned to on 1-27-21 – Satisfactory in all areas except Technical Skills, Communication Skills, Professionalism, Attendance (Excellent). Comments: “Handled herself well in emergency situation.” On 1-28-21 – Satisfactory in all areas except Communication skills, professionalism, and attendance (Excellent). Nice job Rheanna! CP

Week 12- 5c, e- Nice job discussing the issue of safety in the clinical setting and of using EBP tools that support safety and quality (ABCDEF bundle). BS

Week 13- 5 a,b,d,e,f- Really nice work in the clinical setting this week, you interacted well with both patients and nursing staff, are curious to learn, and are ready to take on your upcoming new role! BS

Week 14-5(b) This week you had the opportunity to discontinue a central line on your patient for the first time, and you did an excellent job! 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
Competencies:	S	S	S	NA	NA	NA	NA	S	S	S	NA	S	S	S	S	NA	S
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S	S	S	NA	S
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	NA	S	NA	NA	NA	S	S	NA	S	S	S	S	NA	S
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	NA	NA S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	NA	NA	S	S	S	NA	S
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	S	S	NA	S
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	S	NA	NA	NA	S	S	NA	S	S	S	S	NA	S
Faculty Initials	CP	CP	CP	AR	BS	BS	BL	BL	BL								

Comments:

Week 2 Objective 6f: You satisfactorily posted in the clinical discussion group. You satisfactorily completed the Hand-off Report Competency. Per the RN, “She did excellent providing report and information to oncoming nurse. Repeated post-op findings and condition.” Nice job Rheanna! CP

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

Week 4 Objective 6f: You satisfactorily posted in the clinical discussion group. Nice job posting in the CDG each week during the patient management experience. CP

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

Week 9 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep it up! AR

*End-of- Program Student Learning Outcomes

Week 11 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

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

Week 12- 6a,c,e,f- Great work this week working collaboratively with your assigned nurses and fellow student to provide care to your patient. Nice job also documentation of both medication administration and nursing interventions. BS

Week 13- 6 a,b,c,e,f- Nice work collaborating with members of the healthcare team and patients to achieve optimal patient outcomes. Great job with documentation of both nursing interventions and medication administration Also, good job on your care plan. BS

Week 14-6(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 14-6(f) Excellent job with your Pathophysiology CDG this week! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	S
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	NA	NA	S	S	S	NA	S	S	S	S	NA	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	NA	NA	S	S	S	NA	S	S	S	S	NA	S

*End-of- Program Student Learning Outcomes

Faculty Initials	CP	CP	CP	AR	BS	BS	BL	BL	BL									
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Comments:

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<u>Skills Lab</u> <u>Competency</u> <u>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 (1,2,3,4,5,6)*	IV Start (1,3,4,5)*	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
Performance Codes: S: Satisfactory U: Unsatisfactory										
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

*End-of- Program Student Learning Objectives

Nursing Care Plan Grading Tool
AMSN
2021

Student Name: R. Tomblin

Clinical Date: 4/6/21-4/7/21

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

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Rachael Heidebrink (Pharmacology)	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: 4/20/2021
	Evaluation	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	BL
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>#1 Patient identified. VS, patient 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>
<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>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>
<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>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,</p>

*End-of- Program Student Learning Outcomes

	<p>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>
<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 what is happening with a third degree block and that 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: R. Tomblin

Clinical Date: 4/30/21-4/31/21

<p>1. (A) Assess Prevent and Manage Pain (5 points total)</p> <ul style="list-style-type: none"> • Results of subjective and objective comprehensive pain assessment are explained including the clinical tool results and validation of pain (1) 1 • Comparison results/trending (1) 1 • Explanation of what the patient is receiving for pain management, and whether or not it is working (1) 1 • Non-pharmacological interventions discussed for pain management (1) 1 • Underlying cause/reason/diagnosis for patient's pain is discussed (1) 1 	<p>Total Points: 5 Comments: Nice job discussing your patient's pain utilizing the appropriate pain assessment tools, medication(s) he was receiving for his pain, non-pharmacological interventions, and the underlying reason for his initial complaints of pain.</p>
<p>2. (B) Both Spontaneous Awakening Trials and Spontaneous Breathing Trials (7 points total)</p> <ul style="list-style-type: none"> • Patient's subjective and objective comprehensive respiratory assessment explained (1) 0.5 • Background history provided on patient's respiratory status (1) 0.5 • Explanation provided of patient's cardiac status (1) 1 • Safety screening assessments for SAT and SBT discussed (1) 1 • Spontaneous Awakening Trials and Breathing Trials tried on patient discussed (1) 1 • Explanation of sedation medication titrations based on results (1) 1 • All diagnostic pulmonary results discussed (1) 1 	<p>Total Points: 6.5 Comments: Good job discussing the spontaneous awakening and spontaneous breathing safety screenings and trials.</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) 0.5 • RASS results discussed (1) 1 • Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, 	<p>Total Points: 5.5 Comments: Good work here but you left out discussion of fentanyl, which has powerful sedative effects.</p>

<ul style="list-style-type: none"> agitation, and sedation discussed (2) 1.5 • Other reasons for patient’s change in mentation status or sedation identified and explained (1) 1 • Trending/changes in patient’s status since admission to unit reviewed and discussed (1) 1 	
<p>4. (D) Delirium: Assess, Prevent, and Manage (6 points total)</p> <ul style="list-style-type: none"> • Delirium assessment completed on patient (RASS and CAM-ICU tools) and results discussed (2) 2 • Patient’s assessment since admission trended/reviewed and changes discussed (1) 1 • Medications and conditions that place the patient at risk for delirium are identified and explained (2) 2 • Family’s feelings and observations about patient’s confusion, mentation, and agitation discussed now and prior to admission (1) 1 	<p>Total Points: 6 Comments: Really nice job here Rheanna. RASS and CAM-ICU results are discussed, as is trending data and medications that put your patient at risk for delirium.</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) 1 • Patient’s cardiac status explained (1) 1 • Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) 2 • Explanation of interdisciplinary team and family involvement in patient’s mobility and exercise (1) 1 • Problems/diagnoses/results hindering patient’s mobility and exercise identified and explained (1) 1 	<p>Total Points: 6 Comments: Nice work discussing your patient’s strength and mobility.</p>
<p>6. (F) Family Engagement and Empowerment (6 points total)</p> <ul style="list-style-type: none"> • Family/significant others concerns, wishes, participation, and involvement in patient’s care identified and discussed (2) 2 • Rapport and communication between patient, family, and health care providers discussed (2) 2 • Long term care needs, educational needs, emotional support, discharge needs, and community resources needed for patient/family identified and discussed (2) 2 	<p>Total Points: 6 Comments: Nice job of discussing family involvement and empowerment. I think you are correct in stating that your patient’s wife does not seem to understand the severity of the situation.</p>
<p>Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory</p>	<p>35/36 Satisfactory Great work Rheanna! BS</p>

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

Student Name: Rheanna Tomblin		Clinical Date: 4//13/21-4/14/21	
1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) <ul style="list-style-type: none"> • Current Diagnosis (1)-1 • Past Medical History (1)-1 		Total Points: 2 Comments: Great job providing a detailed description of your patient's current diagnosis and past medical history. BL	
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (1)-1 		Total Points: 1 Comments: Excellent job! Your pathophysiology of your patient's current diagnosis is described with great detail.	
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (1)-1 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)-1 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)-1 		Total Points: 3 Comments: Great job! All patient's signs and symptoms included and correlated accurately. Very detailed and thorough response. 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 		Total Points: 4 Comments: Great job! BL	

<ul style="list-style-type: none"> Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)-1 	
6. Correlate the patient's current diagnosis with all related medications. (3 points total) <ul style="list-style-type: none"> All related medications included (1)-1 Rationale provided for the use of each medication (1)-1 Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)-1 	Total Points: 3 Comments: Rheanna, 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: Excellent 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 and rationales provided (1)-1 	Total Points: 1 Comments: Excellent job! All nursing interventions listed and rationales provided. BL
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	Total Points: 20/20 Satisfactory Pathophysiology. Excellent job! BL

Lasater Clinical Judgment Rubric Scoring Sheet: AMSN

Objectives:

1. Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*
2. Initiate treatment protocols for ACS/STEMI, HF, and Atrial Fibrillation. (1,6)*
3. Collaborate and communicate with interdisciplinary health care providers while transitioning from admission to discharge. (1,2,6)*
4. Summarize the nursing implications for medications and treatments utilized in the care of patients with ACS/STEMI, HF, and Atrial Fibrillation. (1,3,5,6,7)*

DATE: 4/20/2021

Comprehensive Simulation

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>NOTICING: (2,6)*</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>Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions.</p> <p>Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care map.</p> <p>Recognized the association between patient history, including non-compliance, and current findings.</p> <p>Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient.</p> <p>Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab.</p> <p>Recognized the appropriate patient information pertinent to communication with oncoming nurse following SBAR.</p>
<p>INTERPRETING: (1,2,3,6)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>Excellent interpretation of data. Upon reviewing the patient’s chart/ECG, Afib was noticed and interpreted to be a priority. When reviewing patient’s symptom upon arrival to the Critical Care Unit, symptoms were interpreted to indicate heart failure/fluid overload.</p> <p>Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications.</p> <p>Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI.</p> <p>Excellent job prioritizing appropriate data to include in communication using the SBAR format.</p>
<p>RESPONDING: (1,5,6)*</p>					<p>Multiple dosage calculations performed accurately. Several IV</p>

*End-of- Program Student Learning Outcomes

<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 <li style="padding-left: 20px;">B 	<p>drips and boluses (heparin, nitroglycerin, Bivalirudin, amiodarone) were calculated and initiated appropriately. Sedation medications were drawn-up and administered. Appropriate medications were chosen to treat Afib and heart failure/fluid overload. Potassium level was noted and the need to give supplemental K+ along with furosemide was recognized. Very good job!</p> <p>Active participation in the group discussion related to lifestyle modification including diet/exercise, rest, smoking cessation, monitoring blood pressure, weight management, incision care, and symptom recognition. Participated in discussion related to response to symptoms, compliance with follow-up appointment and medications, medication storage, and regular communication with the healthcare provider.</p> <p>Applied appropriate interventions based on assessment findings. Active engagement during online debriefing session. Demonstrated clear communication providing the necessary components to include during change of shift hand-off report utilizing SBAR.</p>
<p>REFLECTING: (4,6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios.</p> <p>Acknowledged the importance of customizing teaching to accommodate patient lifestyle.</p> <p>Asked appropriate questions to gain understanding of information provided.</p> <p>Identified areas of improvement to foster clear and concise communication using SBAR.</p>
<p>Developing to accomplished in all areas is required for satisfactory completion of this simulation.</p>	<p>Comments:</p> <p>Overall fantastic job with the STEMI Comprehensive Simulation.</p>

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater’s Clinical Judgment Rubric

*Course objectives/home/main/code/e360/apps/v9/releases/1618947825/public/upload/firelands/media/dropbox/94034-R.Tomblin-FinalTool.docx

EVALUATION OF CLINICAL PERFORMANCE TOOL

*End-of- Program Student Learning Outcomes

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