

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2021

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Erica Vargas

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/22/2021

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

Faculty eSignature: Brittany Lombardi MSN, RN

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
2/12/2021	2H	vSim: Rachael Heidebrink	2/19/2021 2H
3/26/2021	1H	Didn't complete Quality Scavenger Hunt	3/29/2021 1H

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

		Survey	
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	NA	S	NA	S	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	NA	S	NA	S	S	S	S	S	NA	S
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	S	NA	NA	S	NA	S	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	NA	NA S	NA	NA	S	NA	S	S	S	S	S	NA	S
d. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	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	S	NA	S	S	S	NA	S
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	NA	S	NA	NA	NA	NA	S	NA	S	NA	S NA	NA	S	NA	S

*End-of- Program Student Learning Outcomes

h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	NA	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	4P	4N	DH	QC	PD	NA	NA		NA	IS	CD/ SH SP	ICU	ICU	4P	NA	

Comments:

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

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: Satisfactory in all areas except Demonstrates professionalism in nursing (Excellent). Very comfortable with patients; professional in her communication with them, pleasant with nursing staff; accessed an infusaport, started multiple IV's. (1d)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Week 11- Comments per Special Procedures Preceptor: Excellent in all areas. Successfully placed a few IVs, - at least 3; observed an aortogram with runoff, paracentesis and admission of a biopsy. Comments per Cardiac Diagnostics Preceptor: Excellent in all areas. Cath lab, Pacer clinic, walking stress, monitor scanning. (1b,d)- Satisfactory discussion via CDG postings related to your Special Procedures and Cardiac Diagnostics clinical experiences. Keep up the great work! AR

Week 12- 1a,b,d,e,f- Nice job this week Erica. You were able to witness a surgery that few students get the opportunity for, I hope you enjoyed the experience and were able to stay warm in there! Probably not, I know it's cold. You were able to administer medications with your nurse utilizing SQ and IV routes. I am not aware of any venipuncture you performed with your nurse this week. Please let me know if you did.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 13- 1a,b,d,e,f- Great work this week assessing and managing care for your mechanically ventilated patient. You were able to get some experience with a critical patient with a closed head injury who was on sedation, and handled it well. Nice job administering medications through various routes (IV, IVP, OG) while observing the six rights. BS

*End-of- Program Student Learning Outcomes

Week 14-1(a-h) Erica, you did an excellent job taking care of your assigned patient this week while managing complex care situations. Your care was very organized and you were well prepared on both days. Your head to toe assessments were very thorough and well done, and you did a great job prioritizing your respiratory assessment. You had excellent communication with the patient on both days, and respected her values. You also did a great job responding appropriately to equipment alarms. Your medication passes were very well done on both days, and you were able to administer PO, SubQ, and IV medications. You also did an excellent job with your EKG book interpreting cardiac rhythms and determining rate and measurements as well. You were able to attempt an IV start, and although it was unsuccessful, you demonstrated great dexterity and technique. Keep up all your hard 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

*End-of- Program Student Learning Outcomes

Competencies: 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	NA	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	S
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	NA	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	S	NA	S	S	S	NA	S
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	NA	S
e. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (Noticing, Interpreting, Responding)	S	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S	NA	NA	S

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

Week 12- 2a,b,c- Nice job correlating the relationships among your patient's disease process, history, symptoms, and present condition, and utilizing clinical judgment skills to finish your pathophysiology CDG in a satisfactory manner. BS

Week 13- 2a,b,c,e- Very nice job of correlating the relationships among your patient's disease process, history, symptoms, and present condition, and utilizing your clinical judgment skills to complete your ABCDEF bundle! BS

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

Week 14-2(d) Excellent job formulating a prioritized nursing care plan for your patient utilizing clinical judgment skills. Please see the Care Plan Rubric at the end of this document for my feedback. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Critique communication barriers among team members. (Interpreting)	S	S	S	NA	NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	S

*End-of- Program Student Learning Outcomes

b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	NA	NA	NA	S	NA	NA	NA	S	NA	NA	NA S	S	S	S	NA	S
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	NA	NA S	NA	NA	NA	S	NA	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	NA	S	NA	S	NA	S	S	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	NA	NA	NA	S	NA	NA	S
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	BS	BS	BL	BL	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

*End-of- Program Student Learning Outcomes

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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: a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	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	NA	S	NA	NA	NA	NA	NA	S	NA	S

*End-of- Program Student Learning Outcomes

c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	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

Comments:

Week 12--- 4a, c- Good participation during post conference and sharing your experience from this week. Professional behavior observed at all times in the clinical setting. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*																	
Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S	S	S	NA	S

b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	S	NA	NA	S	NA	S	S	S	S	S	NA	S
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	NA	NA	S	NA	NA	S	NA	S	S	S	S	S	NA	S
d. Perform Standard/Standard Plus Precautions. (Responding)	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S	S	S	NA	S
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	S
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	NA	NA	S	NA	NA	S	NA	S	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

Comments:

Week 2 Objective 5a: Erica, per the RN you were assigned to on 1-12-21 – Excellent in all areas. Preceptor comments: “Great job today with communication with patients and team members. Great job with med pass. Keep up the great work! CP

Week 3 Objective 5a: Erica, per the RN you were assigned to on 1-19-21 – Excellent in all areas. Preceptor Comments: She was very knowledgeable of medications. She is very empathetic and compassionate. She had great rapport with patients and families. She will be an amazing RN! On 1-20-21

– Excellent in all areas. Preceptor Comments: Erica did an amazing job; she took her own patients and did all of the care. We did 2 discharges, one transfer, one partial admission, and she was able to keep up. She will be a great addition to any floor!

Erica, the goals you have established for yourself are great! I encourage you to continue identifying areas for improvement and seeking out opportunities to practice in those areas (just as you are doing). Keep up the excellent work!!CP

Week 4 Objective 5a: Erica, per the RN you were assigned to on 1-27-21 – Excellent in all areas. Preceptor Comments: “Erica does amazing job with her patients. She is caring and thoughtful. Great Job, Erica!” On 1-28-21 – Excellent in all areas. Preceptor Comments: “Erica is very organized and eager to learn. She has great communication skills!” Excellent work Erica! CP

Week 12- 5a,b,c,d,e- Great performance in the clinical setting this week Erica. You showed initiative in new learning opportunities as you were able to observe a CABG surgery and next day recovery. You were able to witness factors that create a culture of safety and some EBP tools that support safety and quality. BS

Week 13- 5a,b,d,e,f- Great job in the clinical setting this week Erica. You are an eager learner and are going to do well. BS

Week 14-5(b) Erica, you do an excellent job taking the initiative to seek out new learning opportunities. You also do a great job independently completing tasks that you are able to, and seeking out assistance when appropriate. This week you had the opportunity to discontinue your patient’s central line, and you did an excellent job. You are very knowledgeable, and you use your resources appropriately to help expand your knowledge as well. You are going to be an excellent RN! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
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*End-of- Program Student Learning Outcomes

Competencies:	S	S	S	NA	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	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	NA	NA	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	NA S	NA	NA	S	NA	S	S	S	S	S	NA	S
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S NA	NA	NA	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	S	NA	S	S	S	NA	S
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	NA	S	NA	NA	S	NA	S	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
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Comments:

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

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

Week 4 Objective 6d: You satisfactorily completed the Hand-off Report Competency with a score of 30/30. Per the RN “Erica did a great job passing report.” Great work Erica! CP Objective 6f: You satisfactorily posted in the clinical discussion group. Excellent job posting in the CDG each week of the patient management experience! CP

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

Week 10 (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 your Special Procedures, Cardiac Diagnostics, and Quality Scavenger Hunt clinical experiences. Keep up the great work. AR

Week 12- 6a,c,f- You were able to witness and participate in a great deal of collaboration this week. You saw interactions between surgery personnel, anesthesia, cardiothoracic surgeon, and your nurse. You were also able to interact with the surgeon yourself. Nice job! Nice job on your pathophysiology CDG as well. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 13- 6a,b,c,e,f- Very good job of working collaboratively with your nurses and fellow student to provide optimal care to your patient. Good job also of documenting nursing interventions and medication administration. Excellent job using all of your assessment data to complete your ABCDEF bundle! 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) Great job with your CDG this week! BL

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	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	S
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																	
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA	S	S	S	S	S	NA	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	S	S	NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude,	S	S	S	S	S	S	NA	NA	S	NA	S	S	S	S	S	NA	S

*End-of- Program Student Learning Outcomes

commitment, and enthusiasm during all clinical interactions. (Responding)																	
Faculty Initials	CP	CP	CP	AR	AR	AR	AR	AR	AR	AR	AR	AR	BS	BS	BL	BL	BL

Comments:

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 Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Critical Care Meditech Documentation (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/Port s/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placement s/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/5/2021	Date: 1/7/2021	Date: 1/7/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021	Date: 1/8/2021
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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: **Erica Vargas**

Clinical Date: **4/13/21-4/14/21**

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)* Specific to course	Nursing Diagnosis: Impaired gas exchange related to decreased oxygen diffusion capacity
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points: Comments:
Nursing Diagnosis: (3 points) Problem Statement (1)- 1 Etiology (1)- 1 Defining Characteristics (1)- 1	Total Points: 3 Comments: Excellent job! Nursing diagnosis is appropriate for your assigned patient, and all your defining characteristics are specific. BL
Goal and Outcome (6 points total) Goal Statement (1 point)- 1 Outcome: Specific (1)- 0.5 Measurable (1)- 1 Attainable (1)- 1 Realistic (1)- 1 Time Frame (1) - 1	Total Points: 5.5 Comments: Great job! Your goal statement is written correctly, and your outcome statements are all measurable, attainable, and realistic. In order for your outcome statement "SpO2 reading between 95-100%" to be specific, you would want to state whether or not the patient would be on room air, still wearing the 5L NC, etc. BL
Nursing Interventions: (8 points total) Prioritized (1)- 1 What (1)- 1 How Often (1)- 1 When (1)- 1 Individualized (1)- 1 Realistic (1)- 1 Rationale (1)- 1 All pertinent interventions listed (1)- 1	Total Points: 8 Comments: Awesome job! All pertinent nursing interventions included and prioritized appropriately. Great job with your time frames and rationales as well. BL
Evaluation: (5 points total) Date (1)- 1 Goal Met/partially/unmet (1)- 1 Defining characteristics (1)- 1 Plan to continue/terminate/modify (1)- 1 Signature (1)- 1	Total Points: 5 Comments: Excellent job! BL

Total possible points = 22 18-22 = Satisfactory care plan 14-17 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = 21.5/22 Comments: Satisfactory Care Plan. Excellent job! BL Faculty/TA initials_ BL __
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Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2021
Simulation Evaluations

*End-of- Program Student Learning Outcomes

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	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: 4/20/2021
Evaluation	U	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	BL
Remediation: Date/Evaluation/Initials	S 2/19/2021 AR	NA	NA	NA	NA	NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Group 8** OBSERVATION DATE/TIME: **2/25/21** SCENARIO #: **Dysrhythmias**

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

*End-of- Program Student Learning Outcomes

INTERPRETING: (2, 4)*					
• Prioritizing Data:	E	A	D	B	Rhythm interpreted to be sinus bradycardia. Next rhythm interpreted as a 2 nd degree type II heart block. Another rhythm change interpreted as 1 st degree block, reinterpreted as 3 rd degree heart block.
• Making Sense of Data:	E	A	D	B	Heart rhythm interpreted to be Afib. Fluid overload identified. Rhythm interpreted to be Vtach.
RESPONDING: (1, 2, 3, 5)*					
• Calm, Confident Manner:	E	A	D	B	O2 applied. Call to HCP with SBAR report and request for EKG, O2, atropine, and to hold metoprolol. Orders received and read back. Good communication with patient. Patient identified, allergies Atropine administered (remember to flush before and after). 2 nd dose of atropine. Call to HCP to report new rhythm and that atropine not likely to be effective (good job!). Suggests epi drip or pacing. Call to HCP with SBAR, reports sinus tachycardia, team reevaluated rhythm to be Afib, suggests cardioversion or Cardizem (diltiazem) drip (good recommendations). Orders received and read back. Diltiazem bolus administered and drip initiated. Call to HCP to report low BP and O2 sat. IV fluids suggested (bolus), order received and read back. Fluid bolus initiated, DC'd when patient begins to cough, crackles noted in lungs. CPR initiated, Code called, ambu bag, epi delivered, fast patches applied, shock delivered, CPR, epi.
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6)*					
• Evaluation/Self-Analysis:	E	A	D	B	Discussion of the various heart blocks and how to recognize them. Talked about the need to raise HR to increase CO. Epi and dopamine drips discussed as options. Transcutaneous pacing discussed and demonstrated. Talked about the importance of capture and how to achieve it, and once we have consistent capture, our CO and BP should increase, improving symptoms. Discussion of the importance of controlling a rapid ventricular rate (Afib with RVR), and various therapies to do so. Diltiazem bolus and drip discussed, synchronized cardioversion discussed and demonstrated. When patient converts to a NSR, CO will increase, as will BP and symptoms should resolve. Also discussed the likely need for pain medication. Discussed code blue scenario, the importance of defibrillation ASAP, immediately calling code and beginning CPR, epi q 3 min. Discussed additional drugs to be used in a code-amiodarone (300mg, 150mg). Also discussed the likely reason for the patient to go into Vtach as being low K+.
• Commitment to Improvement:	E	A	D	B	

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	Nice work! You are Satisfactory for this scenario. BS
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ABCDEF Bundle Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2021

Student Name: E. Vargas

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

1. (A) Assess Prevent and Manage Pain (5 points total) • 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	Total Points: 5 Comments: Great job discussing your patient's pain utilizing the appropriate pain assessment tools.
2. (B) Both Spontaneous Awakening Trials and Spontaneous Breathing Trials (7 points total) • Patient's subjective and objective comprehensive respiratory assessment explained (1) 1 • Background history provided on patient's respiratory status (1) 1 • Explanation provided of patient's cardiac status (1) 1 • Safety screening assessments for SAT and SBT discussed (1) 1 • Spontaneous Awakening Trials and Breathing Trials tried on patient discussed (1) 1 • Explanation of sedation medication titrations based on results (1) 1 • All diagnostic pulmonary results discussed (1) 0.5	Total Points: 6.5 Comments: Good job of discussing the spontaneous awakening and spontaneous breathing safety screens and trials.

3. (C) Choice of Analgesia and Sedation (6 points total) • Comprehensive neurological assessment completed and results discussed (1) 1 • RASS results discussed (1) 1 • Medications patient is receiving for anxiety, agitation, and sedation discussed. Medications that may cause anxiety, agitation, and sedation discussed (2) 2 • 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	Total Points: 6 Comments: Nice job here Erica, all components covered.
4. (D) Delirium: Assess, Prevent, and Manage (6 points total) • 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	Total Points: 6 Comments: Good discussions of medications that could potentially cause delirium.

5. (E) Early Mobility and Exercise (6 points total) • 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	Total Points: 6 Comments: Good discussion on how prolonged sedation can affect both strength and mobility.
6. (F) Family Engagement and Empowerment (6 points total) • 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	Total Points: 6 Comments: Very good discussion of family engagement and empowerment.
Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory	35.5/36 Satisfactory Excellent job Erica! BS

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

Student Name: **E. Vargas**

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) • Current Diagnosis (1) 1 • Past Medical History (1) 1	Total Points: 2 Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) • Pathophysiology-what is happening in the body at the cellular level (1) 0.5	Total Points: 0.5 Comments: She is experiencing an acute coronary syndrome. So we have atherosclerosis and a lack of blood flow. With lack of blood flow, there is a lack of what supplied to the cardiac tissue? What does this cause in the patient?

3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) • 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: Good job here Erica.
4. Correlate the patient's current diagnosis with all related labs. (4 points total) • 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: Good discussion of the correlation between your patient's diagnosis and related lab values. Rationales were provided as well as normal ranges.

5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) • 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) 0.5	Total Points: 3.5 Comments: Pertinent diagnostic tests discussed with current results and what would be expected in the absence of coronary artery disease.
6. Correlate the patient's current diagnosis with all related medications. (3 points total) • 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) 0.5	Total Points: 2.5 Comments: Good discussion of pertinent medications, however amiodarone is not given for bradycardia. Can you tell me what it is given for?
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) • All pertinent past medical history included (1) 0.5 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 1	Total Points: 1.5 Comments: Although some consider it to be social history, it would have been nice to see to correlate your patient's smoking history with CAD.
8. Describe nursing interventions related to current diagnosis. (1 point total) • All nursing interventions provided for patient explained and rationales provided (1) 0.5	Total Points: 0.5 Comments: Good job here Erica, there are many, many nursing interventions for a fresh CABD patient, you hit on some of the more important ones.

Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	17.5/20 Satisfactory Nice job Erica, especially considering you only had one day to care for your patient and collect all of the information. Good work! BS
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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
NOTICING: (2,6)*					
• Focused Observation:	E	A	D	B	Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care map.
• Information Seeking:	E	A	D	B	Recognized the association between patient history, including non-compliance, and current findings. Recognized the appropriate use of MONAH (morphine, oxygen, nitrates, aspirin, heparin), fluid resuscitation, diuretics, and potassium use for the inferior wall MI patient. Recognized the necessary components of assessment for the post Inferior STEMI patient upon return from the cardiac cath lab.

*End-of- Program Student Learning Outcomes

					Recognized the appropriate patient information pertinent to communication with oncoming nurse following SBAR.
INTERPRETING: (1,2,3,6)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B					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. Interpreted current diagnosis and past medical history and determined the need for education on current and past health issues as well as lifestyle modifications. Interpreted the areas affected by an inferior wall MI and artery responsible for this particular MI. Excellent job prioritizing appropriate data to include in communication using the SBAR format.
RESPONDING: (1,5,6)* • 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					Multiple dosage calculations performed accurately. Several IV 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! 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. Applied appropriate interventions based on assessment findings. Active engagement during online debriefing session.

*End-of- Program Student Learning Outcomes

	Demonstrated clear communication providing the necessary components to include during change of shift hand-off report utilizing SBAR.
REFLECTING: (4,6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Able to identify new knowledge obtained through the simulation and how to apply to future patient care scenarios. Acknowledged the importance of customizing teaching to accommodate patient lifestyle. Asked appropriate questions to gain understanding of information provided. Identified areas of improvement to foster clear and concise communication using SBAR.
Developing to accomplished in all areas is required for satisfactory completion of this simulation.	Comments: Overall fantastic job with the STEMI Comprehensive Simulation.

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/94036-E.Vargas-FinalTool.docx

**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