EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2021

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Josee Brown

Semester: ~~Spring~~

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)
1/12-1/13/2021	16	4C Clinical- 2 days	2/23/2021
1/19/21-1/20/21	16	4P Clinical-2 days (Surgery Restrictions)	2/24/21, 4/14/21
1/26/21-1/27/21	16	4C Clinical- 2 days	3/31/2021,
2/12/2021	2	Incorrect registration for vSim	2/19/2021-0800 am

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: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	NA	NA	NA	NA	S	S	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)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
d. Evaluate patient's response to nursing interventions. **(Reflecting)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
e. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	NA	S	S	NA	**S**	NA	S	NA	NA	NA	S		
f. Administer medications observing the six rights of medication administration. **(Responding)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	~~NA~~ S		
g. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	NA	NA	NA	S	NA	NA	NA	**S**	NA	S	NA	S	NA	NA		
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	CP	**CP**	**CP**	**BS** **AR**	**AR**	**BL/ AR**		
Clinical Location	NA	NA	NA	NA	IS	CD/ SH	4T	NA		4N	4P	3T	4C DH	NA	4P/ PD		

Comments:

*End-of- Program Student Learning Outcomes

Week 6 (1d)- Satisfactory Infusion Center clinical and discussion via CDG posting. Keep up the great work! AR

Week 8-1(a-f, h) Josee, you did an excellent job taking care of your patient this week while managing complex care situations. Your care was very organized and you were well prepared. You did a great job prioritizing your cardiac assessment for this patient, and monitoring his heart rhythm and blood pressure very closely. You had excellent communication with the patient, and respected his values. You also did a great job interpreting cardiac rhythm strips in your EKG book, as well as responding appropriately to equipment alarms. Your medication pass was very well done, and you were able to administer PO and IVP medications following all six rights of medication administration. Keep up all your great work! BL

Week 12- 1a-h- Nice work this week assessing and managing care for your 4C patient. It can be intimidating to some to take care of a trach patient but you did a good job and were able to communicate with him even though he was nonverbal, nice job! Medications (IV, IVP, PEG) were all administered with proper technique while observing the six rights. (I'm unaware if you performed any venipunctures this week. If that's incorrect let me know.) BS
Week 12 (1g)- Satisfactory in all venipuncture skills while in Digestive Health. Great job! AR/CP

Week 14-1(c) Comments per Patient Advocate/Discharge Planner Preceptor: Satisfactory in all areas. AR

Week 14-1(a-f, h) Excellent job this week with all of these competencies. You did an excellent job performing assessments and managing complex patient care situations. You also did a great job administering medications following all six rights of medication administration. Keep up your great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

Comments:

Week 8 (2a, e)- Josee great job correlating the chronic disease process in your patient and how that contributed to the current status of the patient. You also provided a thorough history and patient assessment data. You showed the ability to think through the patient's assessment and use clinical judgement while delivering care to your assigned patient. The ABCDEF bundle interventions was incorporated into the care you provided your patient. See ABCDEF bundle rubric below. Satisfactory completion of ABCDEF bundle. FB

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

*End-of- Program Student Learning Outcomes

Week 14-2(b, c) Josee, 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)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	NA	NA	NA		
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	NA	NA	NA	NA	S	S	NA	NA	**S**	NA	NA	NA	NA	NA	NA		
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mngmt.**)	NA	NA	NA	NA	NA	NA	S	NA	**S**	S	S	S	NA	NA	NA		
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	CP	**CP**	**CP**	**BS**	**AR**	**BL**		

Comments:
Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Objective 4c.- I plan to submit my clinical tool by the due date and time. I plan to do this by double checking each week that it has been submitted to my dropbox. It is always a great idea to double check your work and submissions. FB

Week 8-4(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

Week 12- 4a,b,c- You were not able to think of any legal or ethical issues you observed in the clinical setting this week, and I agree. Maybe one issue would be if his cancer is back and continues to spread and he is unable to make his own decisions- unless he makes those known to his wife before this would happen his wishes may not be carried out. Professional behavior observed at all times in the clinical setting. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
d. Perform Standard/Standard Plus Precautions. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	CP	**CP**	**CP**	**BS**	**AR**	**BL**		

Comments:

Week 8-5(c, e) Excellent job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 9 Objective 9a: Joselyn, per the RN you were assigned to on 3-9-21, Satisfactory in all areas. RN Comments: "Awesome job learning new skills with dexterity, IVPB, D/C, Foley, D/C IV, Primary IV, manual BP, many skills in one day. Keep up the good work." Keep up the great work! CP

Week 10 Objective 5a: Josee, per the RN you were assigned to on 3-12-21, excellent in all areas. Comments: "Joselyn successfully placed seven IVs, observed a paracentesis, myelogram, MRI, CT & learned about nuclear medicine scans. She asked great questions and stayed engaged." Per the RN you were assigned to on 03/17/2021 excellent in all areas except knowledge base (satisfactory). RN Comments: Josee was very attentive in caring for her patients. She did well with managing 3 patients." Seven successful IV's! WOW! Excellent work Josee!! CP

Week 11 Objective 5a: Josee, per the RN you were assigned to on 03/23/21, satisfactory in all areas except communication skills and member of the profession (excellent). RN Comments: "Josee did a great job with 4 patients! Did a great job prioritizing her patients. Able to give primary antibiotics, insulin, flu vaccine, and assist with discharge." Excellent work Josee! Per the RN you were assigned to on 3-24-21, excellent in all areas. Keep up the great work! CP

Week 11- 5a,c,e- Great job in the clinical setting this week. BS

*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: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
d. Deliver effective and concise hand-off reports. **(Responding)**	NA	NA	NA	NA	NA	NA	S	NA	**S**	S	S	S	~~S~~ NA	NA	NA		
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	NA	NA	NA	NA	NA	NA	S	NA	**S**	S	S	S	S	NA	S		
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	NA	NA	NA	NA	S	NA	S	NA	**S**	S	S	S	S	NA	S		
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	CP	**CP**	**CP**	**BS**	**AR**	**BL/ AR**		

Comments:

Week 6 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Great job! AR

Week 8-6(e) Excellent job with all your documentation this week in clinical! Your documentation was done in a timely manner and accurate. Keep up the great work! BL

Week 8 (6f)- CDG post was submitted on time following the CDG rubric guidelines, great job! FB

Week 9 Objective 6f: You satisfactorily posted in the clinical discussion group. CP

Week 10 Objective 6f: You satisfactorily posted in the clinical discussion group. CP

*End-of- Program Student Learning Outcomes

Week 11 Objective 6d: Josee, you satisfactorily completed the Hand-off Report Competency with a score of 28/30, Nice job! RN Comments: “Keep up with order changes and new orders.” Josee, I commend you for recognizing that patient acuity is important to patient safety. During our conversation on 03/24/2021 you recognized the challenge with keeping up with new orders. You stated that you had a heavy patient load (4 patients) the previous day. You made the decision to take 3 patients the following day which allowed you to better manage patient care and keep up with new orders/order changes. Great work! If there is anything I can do to assist you, please do not hesitate to reach out to me. CP
Week 12- 6a,c,e,f- Nice job working collaboratively with your nurse to provide great care to your patient. Great job with documentation of both medication administration and nursing interventions! Nice job on your pathophysiology CDG. BS

Week 14 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Great job! AR

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	NA	NA	NA	NA	S	S	S	NA	**S**	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)**	NA	NA	NA	NA	S	S	S	NA	**S**	S	S	S	S	NA	S		
Faculty Initials	**BS**	**BL**	**BS**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	CP	**CP**	**CP**	**BS**	**AR**	**BL**		

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

AMSN 2021

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

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders: Satisfactory completion of physician's order lab utilizing SBAR communication and taking orders over the phone. Good job! BL/BS

Prioritization/Delegation: You have successfully completed the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks for your assigned patients. You actively participated in the group discussion on delegation of nursing tasks and your team shared several important factors to consider when delegating, including scope of practice and skill level of the delegate, nursing laws, facility policy, and condition of the patient. Great job! CP

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. AR/BS/CP/BL

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks activity. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. FB

Central Line Dressing Change/IV Push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

Ports/Blood Draw: You were satisfactory in accessing an Infusaport device, demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. Nice work! CP

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL/BS

ECG/Telemetry Placements/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial. BL/BS

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! AR

Nursing Care Plan Grading Tool
AMSN
2021

Student Name: **Joselyn Brown** **Clinical Date:** **4/13/21-4/14/21**

*End-of- Program Student Learning Outcomes

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) (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	FB	FB	CP	CP	CP	BL
Remediation: Date/Evaluation/ Initials	2/19/2021 S FB	NA	NA	NA	NA	NA

* Course Objectives

*End-of- Program Student Learning Outcomes

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

Student Name: **Clinical Date:**

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) • Comparison results/trending (1) • Explanation of what the patient is receiving for pain management, and whether or not it is working (1) • Non-pharmacological interventions discussed for pain management (1) • Underlying cause/reason/diagnosis for patient's pain is discussed (1)	**Total Points:** 5 **Comments:** Great job, you provided a very thorough comprehensive assessment. Explanation of pain management using pharmacological and non-pharmacological interventions was discussed. Underlying causes were also provided.
2. (B) Both Spontaneous Awakening Trials and Spontaneous Breathing Trials (7 points total) • 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) (0) • All diagnostic pulmonary results discussed (1)	**Total Points:** 6 **Comments:** A respiratory assessment was explained with diagnostic test results provided. The cardiac status was discussed. An explanation of sedation medication and how this may affect the SAT and SBT trials was not provided.
3. (C) Choice of Analgesia and Sedation (6 points total) • Comprehensive neurological assessment completed and results discussed (1) (0) • 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)	**Total Points:** 5 **Comments:** The RASS results were discussed as well as medications the patient was administered that could effect changes in mentation. A comprehensive neurological assessment with results was not documented in the write up.

*End-of- Program Student Learning Outcomes

4. (D) Delirium: Assess, Prevent, and Manage (6 points total) • 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)	**Total Points:** 6 **Comments:** The delirium status of your patient was discussed. Trending changes were provided and medications that put the patient at risk for delirium was explained in detail.
5. (E) Early Mobility and Exercise (6 points total) • Patient's strength and mobility assessed and discussed (1) • Patient's cardiac status explained (1) • Exercise Safety Screening results discussed. What mobility/exercise was the patient able to complete and how did they tolerate it? (2) • Explanation of interdisciplinary team and family involvement in patient's mobility and exercise (1) • Problems/diagnoses/results hindering patient's mobility and exercise identified and explained (1)	**Total Points:** 6 **Comments:** Great discussion regarding the strength, mobility issues, and cardiac status of your patient. Progressive mobility safety screen results were discussed and an explanation of other health care disciplines and family involvement.
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) • 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:** 6 **Comments:** Family involvement, communication, and long-term care needs, educational needs were provided. Community resources were identified for future needs of patient and family was discussed.
Total possible points = 36 32-36 = Satisfactory 27-31 = Needs improvement <27 = Unsatisfactory	Total: 34 Satisfactory completion of ABCDEF bundle.FB

*End-of- Program Student Learning Outcomes

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

Student Name: J. Brown **Clinical Date: 3/31/2-21**

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: Patient's current diagnosis and past medical and surgical history provided.**
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) 1	**Total Points: 1** **Comments: Good discussion of the pathophysiology of your patient's diagnosis.**
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: Nice job discussing correlations between your patient's symptoms and his diagnosis. Symptoms typically associates with the diagnosis and correlations made.**
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: Great job here Josee! Good correlations made between your patient's lab values and current diagnosis.**
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) 1	**Total Points: 4** **Comments: Good job here also. Although your patient did not have many diagnostic tests performed they do support and confirm his diagnosis.**
6. Correlate the patient's current diagnosis with all related	**Total Points: 2**

*End-of- Program Student Learning Outcomes

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	**Comments: Medications and rationales provided, no correlations made with current diagnosis**
7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) • 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: 1** **Comments: Connections made between current diagnosis and past medical history.**
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 with interventions. I would suggest: administering vancomycin, suctioning as needed.**
Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory	**17.5/20** **Satisfactory** **Nice job Josee! BS**

*End-of- Program Student Learning Outcomes

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)*					#1 Patient identified. Orientation assessed. VS, monitor applied, HR noted to be bradycardic. Patient CO being tired, weak, SOB. Rhythm change. #2 Patient identified. Monitor applied, VS, HR noted to be elevated. BP and O2 sat begins to drop. Patient begins to cough and be SOB. #3 Patient found to be unresponsive. Patient put on monitor. CPR initiated.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					Rhythm interpreted to be sinus bradycardia. Next rhythm interpreted as a 2nd degree type II heart block. Another rhythm change interpreted as 1st degree block, reinterpreted as 3rd degree heart block. Heart rhythm interpreted to be Afib. Fluid overload identified. Rhythm interpreted to be Vtach.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	A	**D**	B	
RESPONDING: (1, 2, 3, 5)*					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). 2nd 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.
• 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)*					Discussion of the various heart blocks and how to recognize then. 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
• Evaluation/Self-Analysis:	**E**	A	D	B	
• Commitment to Improvement:	**E**	A	D	B	

*End-of- Program Student Learning Outcomes

	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+.
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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Lasater Clinical Judgment Rubric Scoring Sheet: AMSN

Objectives:

1. Assessment of ACS/STEMI, HF, and Atrial Fibrillation from admission to discharge. (1,6)*

*End-of- Program Student Learning Outcomes

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 • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Recognized Afib and impending heart failure and suggested appropriate therapies for both conditions. Recognized the different medical diagnosis and past medical history that needed to be considered when developing a discharge care map. 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. 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/	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

*End-of- Program Student Learning Outcomes

Flexibility: • Being Skillful: B	E	A E	D A	B D	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. Demonstrated clear communication providing the necessary components to include during change of shift hand-off report utilizing SBAR.
REFLECTING: (4,6)* • Evaluation/Self-Analysis: • Commitment to Improvement:	 E E	 A A	 D D	 B 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/94037-J.Brown-Week15ClinicalTool.docx

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2021

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes