

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Advanced Medical Surgical Nursing- 2023**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN  
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE  
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 Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

## 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	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	NA	NA	S	S	S	NA	NA	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>																		
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	NA	S	S	S	S	NA	NA	S	S								
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	S	NA	S	S	S	S	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	NA																
e. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	S	NA	NA	S	S	S	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	S	NA	NA	S	S	S	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									
<b>Clinical Location</b>	DH	QC	PD	PM	PM	PM	NA			4P								

**Comments:**

Week 2 (1f)- Satisfactory with IV skills during Infusion Center clinical experience. Keep up the great work! AR/FB

Week 4 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical experience and with discussion via CDG posting. Preceptor comments: "Satisfactory in all areas.". Keep up the great work. AR

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments. FB

\*End-of- Program Student Learning Outcomes

Week 6 (1,b)- Excellent job managing and prioritizing patient care during Patient Management clinical experiences this week. Great job comprehensively assessing patients to provide care that is required. Keep up the great work! FB

Week 7 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<b>Objective</b>																		
2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	NA	NA	S	S	S	NA	NA	S	S								
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding)</b>																		
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	S	NA	NA	S	S	S	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding, Reflecting)</b>	NA																	
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

\*End-of- Program Student Learning Outcomes

Week 6 (2c) Good job recognizing changes in patient status and taking appropriate action. FB

Week 7 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient’s disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<b>Objective</b>																		
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	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	NA	S	S	S	NA	NA	NA	NA	S	NA								
a. Critique communication barriers among team members. <b>(Interpreting)</b>				NA														
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	NA	S	NA	NA	NA	NA	NA	NA	S	NA								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	NA								
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	NA	S	NA	S	S	S	NA	NA	S	S								
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	NA	NA	NA	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 3 (3b)- Satisfactory during Quality Assurance/Core Measures observation experience. RN comments: Stroke- “Satisfactory in all areas. Thanks for participating!”; Core Measures and Rapid Response/Standards of Care- “Excellent in all areas.”. Satisfactory discussion via CDG posting related to this observation experience. Great job! AR

Week 5 (3a,c) These competencies will be addressed during another clinical rotation. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 6 (3e) Great job being able to prioritize care for a group of patients during this clinical rotation. FB

\*End-of- Program Student Learning Outcomes

Week 7 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients and the priority patient of assigned patients. Keep up the great work! FB

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. (1,2,4,5,7)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	NA	NA	S	S NA	NA	NA	NA	NA	NA	NA								
a. Critique examples of legal or ethical issues observed in the clinical setting. <b>(Interpreting)</b>																		
b. Engage with patients and families to make autonomous decisions regarding healthcare. <b>(Responding)</b>	NA	NA	S	S	S	S	NA	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 5 (4a) This competency will be addressed during another clinical rotation. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

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	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S	S								
a. Reflect on your overall performance in the clinical area for the week. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. <b>(Interpreting)</b>	S	S	S	S	S	S	NA	NA	S	S								
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
f. Utilize faculty feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	S	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 3 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Keep up the great work! AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/7/2023. Satisfactory in all areas. Student goals: To work on time management be more confident in performing skills. Additional Preceptor comments: Work on time management, it will come with experience. Great job interacting with patients. CO/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/14/2023. Excellent in all areas, except satisfactory in Provider of Care: establishment of plan of care, Manager of care: communication skills, delegation. Student goals: take care of more patients with higher acuity. Prioritize higher priority patients based on acuity level. No Additional Preceptor comments. JF/FB Reported on by assigned RN during clinical rotation 2/15/2023 excellent in all areas. Student goals: work on feeling more prepared as a nurse on the floor, handling 4 patients. Additional Preceptor comments: Student nurse was excellent with timing, unfortunately we only had 3-4 patients. Student nurse delegated skills to other team members efficiently. SB/FB

\*End-of- Program Student Learning Outcomes

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/21/2023 – Excellent in all areas. Student goals: “Organize my patient workloads better. Communicate better with other nurses and staff.” No additional Preceptor comments: EW/FB Reported on by assigned RN during clinical rotation on 2/22/2023 – Excellent in all areas. Student goals: “Handle patient with higher acuity, perform more dressing changes and have more contact with physicians.” No additional Preceptor comments. EW/FB

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	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	NA	NA	S	S	S	S	NA	NA	S	S								
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>																		
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	NA	NA	S	S	S	S	NA	NA	S	S								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. <b>(Responding)</b>	NA	NA	NA	S NA	S	S	NA	NA	S	S								
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA	S	S								
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	NA	S	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 3 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Great job! AR

\*End-of- Program Student Learning Outcomes

Week 4 (6c,f)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Great job! AR

Week 5 (6d)-This competency can be rated a “S” when you hand in the hand-off report competency rubric completed by your assigned RN.

Week 6 (6d)- Satisfactory hand-off report 30/30 completion. No RN comments. JF/FB (6f)- Satisfactory discussion via CDG posting related to your patient management clinical experience. Keep up the great work! FB

Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<b>Objective</b>																		
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	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
c. Comply with the FRMCSN “Student Code of Conduct Policy.” <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>									

**Comments:**

Week 3 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Keep it up! AR

Week 7 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. FB

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing  
Skills Lab Evaluation Tool  
AMSN  
2023

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>									
	<b>Meditech Document</b> (1,2,3,4,5,6)*	<b>Physician Orders/SBAR</b> (1,2,3,4,5,6)*	<b>Prioritization/Delegation</b> (1,2,3,4,5,6)*	<b>Resuscitation</b> (1,3,6,7)*	<b>IV Start</b> (1,3,4,6)*	<b>Blood Admin./IV Pumps</b> (1,2,3,4,5,6)*	<b>Central Line/Blood Draw/Ports/IV Push</b> (1,2,3,4,6)*	<b>Head to Toe Assessment</b> (1,2,6)*	<b>EKG/Telemetry Placements/CT</b> (1,6)*	<b>EKG Measurements</b> (1,2,4,5,6)*
Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Date:</b> 1/10/2023	<b>Date:</b> 1/10/2023	<b>Date:</b> 1/10/2023	<b>Date:</b> 1/10/2023	<b>Date:</b> 1/12/2022	<b>Date:</b> 1/12/2023	<b>Date:</b> 1/13/2023	<b>Date:</b> 1/13/2023	<b>Date:</b> 1/13/2023	<b>Date:</b> 1/13/2023
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

**Comments:**

**Meditech:** 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 per the SBAR skills competency rubric. You utilized SBAR communication while communicating with a physician and while taking orders over the phone. Good job! CB/BS

**Prioritization/Delegation:** Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for the patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

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

**Blood administration/IV pump:** Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

**Central Line Dressing/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! CB

\*End-of- Program Student Learning Outcomes

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

**EKG/Telemetry/Chest Tube:** Satisfactory participation with review of monitoring tutorial and placement of EKG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric  
AMSN  
2023

Student Name:		Course Objective:					
Date or Clinical Week:		Course Objective:					
Criteria	3	2	1	0	Points Earned	Comments	
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is	> 75% complete	50-75% complete	< 50% complete	0% complete		

\*End-of- Program Student Learning Outcomes

	included for each intervention						
<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*  <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>						<b>Total Points:</b>	
						<b>Faculty/Teaching Assistant Initials:</b>	

AMSN  
2023

Date	Care Map **	Evaluation & Instructor Initials	Remediation & Instructor Initials

\*\*

AMSN students are required to submit one satisfactory care map during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Pathophysiology Grading Rubric  
 Firelands Regional Medical Center School of Nursing  
 Advanced Medical Surgical Nursing  
 2023

**Student Name:**

**Clinical Date:**

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (1)</li> <li>• Past Medical History (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (1)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (1)</li> <li>• Rationale provided for each lab test performed (1)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (1)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (1)</li> <li>• Rationale provided for each diagnostic test performed (1)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</b></p>	<p><b>Total Points:</b> <b>Comments:</b></p>

<ul style="list-style-type: none"> <li>• All related medications included (1)</li> <li>• Rationale provided for the use of each medication (1)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)</li> </ul>	
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (1)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>8. Describe nursing interventions related to current diagnosis. (1 point total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient explained and rationales provided (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (3 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (1)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (1)</li> <li>• Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (1)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p>Total possible points = 23 18-23 = Satisfactory 13-17 = Needs improvement &lt;12 = Unsatisfactory</p>	

Firelands Regional Medical Center School of Nursing  
Advanced Medical Surgical Nursing 2023  
Simulation Evaluations

<b><u>vSim Evaluation</u></b>								
	<b>Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*</b>	<b>Week 8: Dysrhythmia Simulation (see rubric)</b>	<b>Junetta Cooper (Pharmacology) (1, 2, 6, 7)*</b>	<b>Mary Richards (Pharmacology) (1, 2, 6, 7)*</b>	<b>Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*</b>	<b>Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*</b>	<b>Carl Shapiro (Pharmacology) (1, 2, 6, 7)*</b>	<b>Comprehensive Simulation (see rubric)</b>
Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Date: 2/17/2023</b>	<b>Date: 2/27-28/2023</b>	<b>Date: 3/3/2023</b>	<b>Date: 3/17/2023</b>	<b>Date: 3/24/2023</b>	<b>Date: 3/30/2023</b>	<b>Date: 4/21/2023</b>	<b>Date: 4/21/2023</b>
Evaluation	<b>S</b>	<b>S</b>	<b>S</b>					
Faculty Initials	<b>FB</b>	<b>FB</b>	<b>FB</b>					
<b>Remediation: Date/Evaluation/ Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>					

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Madison Proy, Macy Shafer, Haley West, Abigail Woodyard**

GROUP #: **3**

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **February 27, 2023 1230-1430**

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p><b>NOTICING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Notices patient is complaining of fatigue and nausea. Notices patient's heart rate is low. Notices patient's SpO2 is decreased. Notices heart rhythm change. Notices second heart rhythm change.</p> <p>Notices patient's heart rate is elevated and rhythm is abnormal. Notices there is no change in patient's heart rate or rhythm after medication administration. Notices patient's blood pressure is low. Notices patient has crackles and shortness of breath.</p> <p>Notices patient is unresponsive.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>						<p>Interprets patient's initial heart rhythm as sinus bradycardia. Interprets heart rhythm change as a second degree type II heart block. Recognizes a need for medication to increase patient's heart rate. Interprets second heart rhythm change as a first degree heart block rather than a third degree heart block.</p> <p>Initially interprets patient's heart rhythm as atrial flutter; then recognizes it is atrial fibrillation. Recognizes the need for medication to decrease patient's heart rate. Recognizes the need for a fluid bolus to increase blood pressure. Prioritizes stopping the fluids when fluid overload is recognized.</p> <p>Interprets heart rhythm as ventricular fibrillation. Interprets correct dose of medications. Interprets patient's low potassium as a potential cause for cardiac arrest.</p>
<p><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       A       D       B</li> <li>• Being Skillful:           E       A       D       B</li> </ul>						<p>Introduces self and identifies patient. Places patient on the monitor and obtains vital signs. Notifies physician of patient's decreased heart rate and rhythm of sinus bradycardia. Applies oxygen 2L via nasal cannula. Notifies physician of patient's heart rhythm change to a second degree type II heart block. Recommends Atropine 0.5 mg IVP. Educates patient on Atropine. Administers Atropine 0.5 mg IVP. Reassesses patient. Notifies physician of heart rhythm change. Initially recommends epinephrine and cardioversion; then recommends a second dose of Atropine 1 mg IVP. Administers Atropine 1 mg IVP. Places patient on nonrebreather oxygen mask. Places fast patches on patient.</p> <p>Introduces self and identifies patient. Places patient on the monitor. Obtains vital signs. Notifies the physician of patient's abnormal heart rhythm and</p>

\*End-of- Program Student Learning Outcomes

	<p>elevated heart rate. Recommends diltiazem bolus followed by a drip. Administers diltiazem bolus. Reassesses patient. Places fast patches on patient. Applies oxygen 2L via nasal cannula; then increased to 4L. Reassesses blood pressure. Notifies physician of low blood pressure with continued elevated heart rate. Recommends fluid bolus to increase blood pressure. Administers fluid bolus. Increases oxygen to 6L via nasal cannula. Stops the fluids when the patient has symptoms of fluid overload. Calms and reassures the patient. Places the patient on a nonrebreather mask. Reassesses the patient's vital signs. Notifies physician of fluid overload; recommends cardioversion.</p> <p>Places patient on the monitor. Calls a code blue. Places fast patches on patient. Initiates CPR and bagging. Defibrillates patient. Restarts CPR and bagging. Defibrillates patient for a second time. Restarts CPR and bagging. Administers 1 mg of epinephrine IVP.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most</p>

\*End-of- Program Student Learning Outcomes

<p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*</b></li> <li>• <b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul>	<p>situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>You are satisfactory for this simulation. Great job!</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Advanced Medical Surgical Nursing- 2023**

**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 12/20/2022

\*End-of- Program Student Learning Outcomes