

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Faculty eSignature: _____

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.

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, CNE		
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
Competencies:	NA	NA	NA	S	S													
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA	NA	NA S	S	S													
c. Evaluate patient's response to nursing interventions. (Reflecting)	NA S	NA	S	S	S													
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	NA	NA													
e. Administer medications observing the six rights of medication administration. (Responding)	NA	NA	NA	S	S													
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	NA	NA													
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	S	S	S													
Faculty Initials	AR	AR	AR	FB														
Clinical Location	PD SH	No Clinical Experience	Cardiac Diagnostics	3T	3T													

Comments:

Week 2 (1c)- Satisfactory discussion related to your Patient Advocate/Discharge Planner clinical experience. Preceptor comments: "Excellent in all areas. Madison took notes, asked questions, and was engaged in the clinical". Great job! AR

Week 4 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Keep up the good work. AR

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

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 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
Competencies:	NA	NA	S	S	S													
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	NA	NA	S	S	S													
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	S	S	S													
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S													
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	NA S	S													
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	NA	NA	S	S	S													
Faculty Initials	AR	AR	AR	FB														

***When completing the 4T Care Map CDG refer to the Care Map Rubric**

Comments:

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d)- This competency was changed to a S because you are prioritizing the plan of care as you deliver care, perform tasks, perform medication administration, and other nursing interventions. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	S													
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	NA	NA	NA	S													
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	NA	NA	S NA	NA													
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	NA	S	S													
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	NA	NA	S	S													
Faculty Initials	AR	AR	AR	FB														

Comments:

Week 2 (3b,c)- Satisfactory Scavenger Hunt and discussion via CDG posting. Great job! AR

Week 5 (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. (3c) This competency was changed to a NA because fiscal responsibility was not discussed in correlation with this clinical rotation. FB

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

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

Objective 4a: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

Week 2 4a: An ethical issue I observed during my patient advocate/discharge planner clinical was when we were rounding on 3T and a patient had concerns that she would not have a way home upon discharge. She explained that her family members are older, and she does not want to ask them to drive her around everywhere and to appointments. This could limit her access to future care and keep her from seeking care. The patient advocate made a note and texted the case manager for 3T and explained the concerns to her to hopefully arrange some transportation for the patient. **Great example. There are some very sad situations we deal with in our profession. AR**

Week 4 4a: An ethical issue I noticed today was that a patient came in for a defibrillator check and smelled very heavily of cigarettes. The patient stated that they have had 8 heart attacks. I feel like this is an ethical issue because the patient is still smoking after having 8 heart attacks and a defibrillator placed but we as nurses can only do so much and educate the patient to stop smoking. At the end of the day the patient has autonomy to do what they want and not take our advice. This makes me feel sad because the patient may not know about resources available to stop smoking. **Chances are very good that this patient has had many educational offerings related to smoking cessation. It is a standard of care for all the cardiac issues he has had. If that education isn't documented somewhere than it could definitely be an issue. Great example. AR**

Week 5 4a: An ethical issue I was faced with during my 3T patient management clinical was the patient's son felt that he did not understand why his parent was receiving radiation because the oncologist said no treatment was necessary. So, I feel that lack of communication was an ethical issue because there was a change of plans that the patients family was unaware of and the family is who deals with most of the patients care. **Great example. Communication is so very important. FB**

Week 6 4a: An ethical issue I was faced with this week was when a patient my nurse was caring for was homeless and had nowhere to go. The patient had no family. The case manager tried to find somewhere for the patient to go but they ended up leaving and sitting outside the building for a couple of hours. The next day I saw the same patient in the ER trying to get readmitted for somewhere to stay.

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

Comments:

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Satisfactory in all areas, except excellent in demonstrates professionalism in nursing. Student goals: "Next time I will take more patients and be more confident in my knowledge." No additional Preceptor comments. BD/FB

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
Competencies:	S	NA	S	S	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	NA	NA	S	S													
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	NA	S	S	S													
d. Deliver effective and concise hand-off reports. (Responding)	NA	NA	NA	S	S													
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S													
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	NA	S	S	S													
Faculty Initials	AR	AR	AR	FB														

Comments:

Week 2 (6c,f)- Satisfactory CDG postings related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinical experiences. Keep up the good work. AR

Week 4 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Great job! AR

*End-of- Program Student Learning Outcomes

Week 5 (6f)- This competency was changed to a NI because you did not follow the CDG rubric with a word count of 250. Your word count was 150. Make sure to follow CDG rubric for all discussion posts. FB

In the future I will be sure to follow the CDG grading rubric more accurately. I will do this starting week 6 clinical discussion group.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	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	NA	S	S	S													
c. Comply with the FRMCSN “ <i>Student Code of Conduct Policy.</i> ” (Responding)	S	NA	S	S	S													
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	NA	S	S	S													
Faculty Initials	AR	AR	AR	FB														

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** AMSN students are required to submit one satisfactory care map (CDG) 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.

Comments:

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2024

Student Name:				Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.			
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	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)		
Interpreting	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)		
Responding	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		

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *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. Faculty/Teaching Assistant Comments:							Total Points: Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2024

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders/SBAR (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 (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Hand-off report/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/11/2024	Date: 1/11/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR
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/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. 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 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 Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BL/CB/BS

Blood Admin/IV Pumps: 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 Change: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. FB

Ports/Blood Draw: You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! LB/BS

*End-of- Program Student Learning Outcomes

ECG/Telemetry Placements/Hand-off report/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; satisfactory completion of handoff report activity. BL/BS

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2024

Student Name:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) - Current Diagnosis (2) - Past Medical History (2)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) Pathophysiology-what is happening in the body at the cellular level (6)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) - All patient's signs and symptoms included (2) - Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) - Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	Total Points: Comments:
4. Correlate the patient's current diagnosis with all related labs. (12 points total) - All patient's relevant lab result values included (3) - Rationale provided for each lab test performed (3) - Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) - Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	Total Points: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) - All patient's relevant diagnostic tests and results included (3) - Rationale provided for each diagnostic test performed (3) - Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) - Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	Total Points: Comments:
6. Correlate the patient's current diagnosis with all related medications. (9 points total) All related medications included (3)	Total Points: Comments:

• Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	Total Points: Comments:
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	Total Points: Comments:
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	Total Points: Comments:
Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory Course Objective: 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)* Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	Total Points: Comments:

Advanced Medical Surgical Nursing 2024
Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	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)*	Comprehensive Simulation (see rubric)
	Date: 2/16/2024	Date: 2/26-27/2024	Date: 3/1/2024	Date: 3/15/2024	Date: 3/22/2024	Date: 3/28/2024	Date: 4/19/2024	Date: 4/19/2024
Evaluation								
Faculty Initials								
Remediation: Date/Evaluation/ Initials								

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL

*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing- 2024
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 12/13/2023