

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**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, CNE

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, 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:	S	S	NA	S	S	S												
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	NA	S	S	S												
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	NA	S	S	S												
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	NA	S	S	S												
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S												
e. Administer medications observing the six rights of medication administration. (Responding)	NA	NA	NA	S	S	S												
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	S	NA	NA	NA	NA												
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	NA	S	S	S												
Faculty Initials	AR	AR	AR	BS	BS													
Clinical Location	Infusion Center	Special Procedures/Cardiac Diagnostics	Quality Assurance/Core Measures	4C	4C	4P												

Comments:

Week 2 (1c)- Satisfactory discussion via CDG posting regarding your Infusion Center clinical experience. Keep up the great work! AR

Week 3 (1b,c)- Satisfactory Special Procedures and Cardiac Diagnostics clinicals and discussions via CDG postings. Preceptor comments: Special Procedures- “Excellent in all areas. Tabitha did a nice job today. Very helpful. IV starts with some success. Was able to wctch fistulogram, MRI with pacemaker and an angioplasty of a leg. Nice job”; Cardiac Diagnostics- “Excellent in all areas. Student saw a cardioversion, stress testing, two heart caths, and an echocardiogram with Definity”. Great job! AR

*End-of- Program Student Learning Outcomes

Week 5- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We began to discuss several cardiac rhythms and will continue each week. 1e- We weren't able to administer many medications this week, but the ones we did were all administered while observing the rights of medication administration. BS
Week 6- 1a,b- Great job this week managing care and responding to your patient's needs. 1e- Medications were all administered while observing the six rights. Routes this week included PO, IVP, and SQ. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 5- 2a- Nice job correlating the relationships among your patient’s disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate your pathophysiology CDG related to your patient’s condition. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. Please see pathophysiology rubric below for feedback. BS
 Week 6- 2a- Nice job correlating the relationships among your patient’s disease process, history, symptoms, and present condition utilizing your clinical judgment skills, and 2d- utilizing that information to formulate a prioritized care map related to your patient’s identified priority problem. 2e- During debriefing, you did a nice job discussing social determinants of health that could have an impact on your patient’s health, well-being, and quality of life. BS

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

Comments:

Week 2 (3c)- Satisfactory with discussion via CDG posting related to your Infusion Center experience. AR
 Week 4 (3b)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. Great job! AR
 Week 5- 3c- Good participation during debriefing, discussing strategies to achieve fiscal responsibility while on clinical. BS
 Week 6- 3a- You did a nice job discussing communication barriers during debriefing this week. Your patient had problems that many find difficult to approach with a patient. You were able to do that, though, and now the hard part is up to him. BS

*End-of- Program Student Learning Outcomes

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
Competencies:	S	S	S	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	S	NA	S	S	S												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S												
Faculty Initials	AR	AR	AR	BS	BS													

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

Comments:

4a. Week 2. The five-year-old’s mother and grandmother share appointments, with the grandmother attending the majority. The grandma maintains guardianship, but the mother does make decisions on the patient’s behalf. As reported by the staff their views on care are very different. This is an ethical issue in who is allowed to decide what action should be taken or what decision should be made. I also believe disclosure of patient information to the non-guardian is an ethical and legal issue. **Interesting situation which also has legal ramifications. Such a difficult situation for such a young child. AR**

4a. Week 3. An ethical issue observed in clinical was that a patients designated representative granted permission for the procedure and the patient was onboard, later the patient expressed doubt in his designated representatives ability to have his best interest while approving future treatment procedures. **Great example. AR**

4a. Week 4. We spoke in great detail today about evidence-based practice (EBP). An ethical issue with EBP is should clinical practice decision making be limited to scientific evidence. Research skeptics argue that just because a favorable outcome has been obtained multiple times, that does not mean that the research was not

*End-of- Program Student Learning Outcomes

manipulated to arrive at the researchers goal and not in favor of the patients best interest. One way to debunk the research skeptics is, perform a controlled study and compare the results. **Very good example and is definitely a concern. AR**

4a. Week 5. An ethical dilemma observed this week in clinical was that the significant other wanted to for the patient to receive a tracheostomy and the next of kin did not. The next of kin decided to withdraw the patient’s treatment and implement a DNR-CC. **Yes, these things sometimes cause a lot of turmoil for families, especially when everyone has a different opinion. Much, much better when family members are on the same page. BS**

4a. Week 6. I was able to observe another patient in the ICU this week. The patient was extubated and the minute she was extubated she was sure to tell the staff that she is a DNR and it is in her record. She was not to be intubated. Verification showed it was in fact in her chart. Her right to autonomy was not respected. On the other side though, we were not present during the emergency and cannot really speak on what was occurring in that moment. **This is a good issue to bring up. Unfortunately, in emergent situations these things can get overlooked, especially if the patient presents alone and is unable to communicate their wishes. I wonder how she feels about it now. Many people fail to realize that a couple days of being intubated can allow the body to recover and that they can make it through the situation and get back to their normal. I wonder if they were to ask her now if she was glad she was intubated, since she is still alive, what she would say. BS**

4a. Week 7. An ethical concern this week in clinical was that my patient has a diagnosis of multiple myeloma but presented to the hospital with SOB and cardiac concerns. He was diagnosed with Pneumonia and acquired a fungal infection that is currently being treated. Due to this additional diagnosis and his other comorbidities he is no longer able to receive his chemootherapy treatments. This is an example of an ethical concern to the benefit of the patient as the physicians want to reduce the risk of further decline in the patient, but would wish to continue chemotherapy treatment.

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	S	S	NH S	S	S												
a. Reflect on your overall performance in the clinical area for the week. (Responding)																		
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	S												
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S	S	S												

*End-of- Program Student Learning Outcomes

d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	S	S												
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	S	S												
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	S												
Faculty Initials	AR	AR	AR	BS	BS													

Comments:

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures experience. AR

Week 5 (5a)- I felt uncomfortable and fumbled a few times in my skillset this week. I intend to improve on this (to give myself a satisfactory next week) by committing myself to confidently perform the skills; as I know them. Tabitha, don't be so hard on yourself. I changed this to an "S", as I thought you performed well. This was a new and somewhat uncomfortable environment. I was hesitant to assign you to this patient, but you handled it well. We are all uncomfortable at times, but we push through. And you did! BS

Week 5- 5a- Good performance in the clinical setting this week. 5b- This week you were able to provide post-mortem care to a patient. 5c- You did a nice job describing factors that create a culture of safety while in debriefing. 5e- You also did a nice job identifying standardized EBP tools that support safety and quality in patient care. BS

Week 6- 5a,b,f- Great performance in the clinical setting this week. You also had a few new learning opportunities, as you were able to witness both an intubation and an extubation. Additionally, you were able to DC an IV, and initiate an OG tube successfully. Nice work! BS

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
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*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the great work! AR
 Week 3 (6f)- Satisfactory CDG postings for your Special Procedures and Cardiac Diagnostics clinical experiences. Keep it up! AR
 Week 4 (6f)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observational experience. Keep up the great work! AR
 Week 6- 6a,b,c- Nice job working collaboratively with your patient, hospital staff, and your fellow students to provide quality care to the patients on 4C. 6e- Nice job with documentation this first week of clinical. BS
 Week 6- 6a,b,c- Nice job establishing collaborative partnerships and communicating with patients and healthcare team members to achieve optimal patient outcomes. Nice job also of discussing teaching patients and family members based on their needs during debriefing. 6e- Documentation was well done and accurate this week. 6f- Great work on your care map this week. BS

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	S	S	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	S	S	S	S	S												
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	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	S	S	S	S	S												
Faculty Initials	AR	AR	AR	BS	BS													

Comments:

Week 4 (7a)- Satisfactory discussion via CDG posting related to Quality/Core Measures. AR
 Week 5- 7d- ACE attitude displayed at all times on the clinical floor. BS
 Week 6- 7d- ACE attitude displayed at all times on the clinical floor. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/13-2/14/2024	Chronic pain	Satisfactory BS	NA BS

** 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: T. Thom		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: 2/13-2/14/2024							
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)	3	Nice job identifying your patient's abnormal assessment findings, lab and diagnostic findings, and relevant risk factors.
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Good work identifying the nursing priorities relevant to your patient and identifying the top priority problem. Potential complications, with signs and symptoms to monitor for each complication are also included.
	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	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with interventions! Keep in mind, though, that interventions addressing medications should be specific to each medication (ex. Administer morphine sulfate, 2 mg IV, Q2H for pain rated 7-
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	10). Same would go for community resources, just be specific about which community resources you would educate on.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice work on your evaluation also. All highlighted assessment findings properly reevaluated. I would suggest terminating the plan of care due to discharge.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
<p>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.</p> <p>Faculty/Teaching Assistant Comments: Great work on your care map, Tab. BS</p>							<p>Total Points: 42/42 Satisfactory</p> <p>Faculty/Teaching Assistant Initials: BS</p>

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: T. Thom	Clinical Date: 2/6-2/7/2024
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	Total Points: 4 Comments: Nice job describing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	Total Points: 6 Comments: Great job discussing the pathophysiology of your patient's disease process.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> • 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: 6 Comments: Nice work making correlations between your patient's signs and symptoms and her current diagnosis.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • 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: 12 Comments: Great job making correlations between your patient's diagnoses and all related laboratory results.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • 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: 12 Comments: Nice job discussing the diagnostic tests performed on your patient, their results, and their correlation to his diagnoses.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) <ul style="list-style-type: none"> • All related medications included (3) 	Total Points: 8 Comments: Good job making the connections between the medications your patient was receiving

<ul style="list-style-type: none"> • Rationale provided for the use of each medication (3) • Explanation of how each of the patient’s relevant medications correlate with current diagnosis (3) 	<p>and their role(s) in treating her condition. (Solu-medrol)</p>
<p>7. Correlate the patient’s current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient’s pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: 4 Comments: Nice work correlating your patient’s current diagnosis with her past medical history.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: 2 Comments: Please keep in mind that a properly written intervention would be: Perform vital signs q1H, 0800, 0900, 1000, etc. (with rationale) Mechanical ventilator assessment q1H, 0800, 0900, 1000, etc. (with rationale) Physical reassessment q4H, 0800, 1200, etc. (rationale)</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 4 Comments: Interdisciplinary team members listed, roles not clearly defined.</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>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)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p>	<p>Total Points: 58/65 Satisfactory Comments: Nice work Tabitha. BS</p>

Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing 2024
 Simulation Evaluations

vSim Evaluation 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	S							
Faculty Initials	BS							
Remediation: Date/Evaluation/ Initials	NA							

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
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

*End-of- Program Student Learning Outcomes