

**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)
2/23/2024	1	Patient management survey not completed	2/23/2024/1600
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
<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	NA	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	NA	NA	S	S	NA	NA	S	S								
e. Administer medications observing the six rights of medication administration. <b>(Responding)</b>	NA	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	NA	NA	NA	NA	NA	S	NA	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>CB</b>								
Clinical Location	QC&DH	NA	Advocate/dc	Pt Mgmt	PT MG	PT MG				4C	4P							

Comments:

Week 2 (1f)- Great job with several successful IV attempts, including access of an Infusaport; appropriate technique was demonstrated. Great job! FB

Week 4 (1c)- Satisfactory Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". Great job! AR

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

Week 6 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! 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

\*End-of- Program Student Learning Outcomes

Week 9(1a,b,c,e,g): You did a great job this week managing complex patient situations while in the ICU. You performed and documented thorough assessments, performed interventions, and evaluated your patient's response to those interventions. You did a great job administering medications this week (PO via an OG tube, IV, IVP, and SQ), following the six rights of medication administration. You appropriately responded to alarms related to your patient, great job! CB

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. (Noticing, Interpreting, Responding)	S	NA	NA	S	S	S	NA	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	NA	S	S	S	S	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	NA	NA	S	S	S	NA	NA	S	S								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	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>	<b>CB</b>								

\*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. FB

\*End-of- Program Student Learning Outcomes

Week 6 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. 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

Week 9(2a,c,e): Great job correlating relationships among disease process, your patient's history/symptoms/diagnosis, and formulating a pathophysiology. You did a great job recognizing changes in your patient from day one of clinical to day two. You respected your patient and family giving proper education and adapting to their needs. CB

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>	S	NA	S	S	S	S	NA	NA	S	S	S							
a. Critique communication barriers among team members. <b>(Interpreting)</b>	S	NA	S	S	S	S	NA	NA	S	S	S							
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S	S							
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	S	NA	S	NA	NA	NA	NA	NA	S	S	S							
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	NA	NA	NA	S	S	S	NA	NA	S	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	NA	NA							
<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>CB</b>								

**Comments:**

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation experience. Great job! AR

Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. 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. FB

Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. (c) These competencies were not addressed this week therefore changed to NA. 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  
 Week 9(3c): Great job this week demonstrating ways to obtain fiscal responsibility and discussing this in debriefing. CB

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>	S	NA	S	S	S	S	NA	NA	S	S								
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	NA	S	S	S	S	NA	NA	S	S								
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	NA	S	S	S	S	NA	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	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>	<b>CB</b>								

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

**Comments:**

WEEK 2: During digestive health, there was a patient that stated she had an allergy to anesthesia and would prefer local anesthesia for her colonoscopy. When questioned further, it was revealed that she did not have a true allergy but preferred local anesthetic. Neither the doctor nor the nurse educated her regarding the importance of the type of anesthetic she would receive, and how local anesthetic was not suitable for her colonoscopy. Great example but definitely not appropriate care for this patient. AR

WEEK 3: N/A

WEEK 4: This week with patient advocacy, we discussed a patient grievance, and an unhappy family member. The patient was confused, and had dementia, the POA was the daughter. The daughter asked case management to call her when her mother would be discharged back to the assisted living facility, because she wanted to be there to help comfort her mother. Case management only gave the daughter a fifteen-minute warning about transport coming and her mothers discharge. The advocate got involved when the patients daughter refused discharge and filed a grievance with the hospital and Medicare. Today, the advocate received a phone call from the daughter, who was once again concerned about her mothers discharge because her systolic blood pressure was in the 150's. The advocate was involved ethically to ensure the patient and the family were receiving adequate care (transport concerns) and to set realistic expectations (the slightly elevated blood pressure, which was baseline.) Great example! AR

WEEK 5: This week, I had a patient that wanted to go home, as he felt he was better. The doctor wanted him to stay one more day, as he did not "feel better" for an entire day and had just switched from IV to PO drugs that day. The wife was frustrated because she was taking days off work to be with her husband in the hospital and was concerned about her absence. From an ethical standpoint, it is important to consider the patient and family perspective. However, as care providers we have a

\*End-of- Program Student Learning Outcomes

responsibility to promote the best outcomes for our patients. Requesting that the patient wait one more day was ethically appropriate to reduce the risk of worsening condition and readmittance. **It is sometimes difficult when trying to advocate for your patient based on their wishes and doing what is best for the patient. Education is the best way to provide the necessary information that is going to provide a positive outcome. FB**

**Week 5 (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB**

**WEEK 6:** This week I noticed a lack of teamwork on the unit I was assigned, and the ethical dilemma it can pose. The unit can become extremely demanding and with that some staff seem burnt out and unwilling to help. Not only is this problematic from the perspective of patient safety, but it also becomes an ethical issue when people are unwilling to help one another. Shoving your responsibility onto others because you are overworked, or refusing to help out because you assume another staff member will step up is unfair to everyone involved. **Great example. Teamwork is very important for several reasons, the main one is quality patient care. Safety of the patients should be everyone's main priority, if all work together the unit runs smooth and there are positive patient outcomes. FB**

**WEEK 7:** This week I had a patient that would undergo a surgery with vascular surgery to place a temporary dialysis catheter, and then immediately following would have their first dialysis treatment. Their wife was very upset because she wanted to accompany the patient to dialysis and sit with him during the treatment, however it is a closed unit due to infection control. Ethically, we have a responsibility to maintain strict infection control procedures to reduce the risk of infection for all patients, however I could understand the concern of the wife wanting to make sure her husband was okay, due to his condition. We educated her regarding the policy and the reasoning, but she was still understandably disappointed. **Great example. We try to advocate for patients, but sometimes it is truly not in the best interest of the patient.**

**We cannot always please patients or family members by doing the right thing. FB**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**WEEK 9:** This week my patient was from out of town, and had family in another state that was wanting updates on their care. The husband, who was the only family member left the second day, would record nurses and physicians to send to family back home. This could become an ethical dilemma, as he did not ask permission or notify staff when he began recording or video chatting. When we were performing patient care we had to be conscious of potential recording for the privacy of the patient and the protection of us. Although his intentions were good, it can quickly become a difficult situation. **Tasha, this is a great example. Although, he is the NOK, he should truly make it known when he is videoing the patient and the care that is being provided. Even when he video chats and the doctor is having a conversation, just making everyone aware of what is going on. CB**

**WEEK 10:** My first patient this week was determined to be at baseline and ready for discharge back to their nursing home. The legal guardian was resistant to this, and requested that the discharge be delayed. It was shared that the family and guardian wanted to patient to stay in the hospital because they were unhappy with the care being provided at the nursing home. This can become an ethical dilemma, because the patient is potentially being discharged to unsuitable conditions, however it is also important to keep beds available in the hospital for patients that truly need care. It is also important to differentiate between truly unsuitable care, and general unhappiness due to preference.

**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	NA	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	NA	S	S	S	S	NA	NA	S	S								
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	NA	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	NA	S	S	S	S	NA	NA	S	S								
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S								
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	NA	S	S	S	S	NA	NA	S	S								
f. Utilize faculty feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	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>CB</b>								

**Comments:**

Week 2 (5c)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas. Student goals: “Get better at excusing myself out of patient rooms. Time management; especially getting stuck in rooms, late meds.” Additional Preceptor comments: “Natasha did a great job today. Knowledgeable and prepared. She did just fine with an extremely needy patient.” LC/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: “Time management, try to research patient earlier in day.” No additional Preceptor comments. EW/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas. Student goals: “time management, when to say no.” No additional preceptor comments. EM/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas, satisfactory in demonstrates prior knowledge of departmental/nursing responsibilities and delegation. Student goals: “Get past the 1700 slump everything goes sideways then. Not be so hard on myself.” Additional Preceptor comments: Tasha has a can do spirit and faces adversity smoothly. Some things can’t be helped so don’t hold the ebs and flows of the ever-changing assignments against yourself. I would recommend her for an intense nursing setting such as ER because she is a quick thinker and open to learning. HH/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: “I felt really great today would have liked more time to research my

\*End-of- Program Student Learning Outcomes

patients.” Additional Preceptor comments: “Tasha is wonderful at the bedside. She is very caring and kind to her patients and their families. She is also confident while performing skills and eager to learn new tasks. She kept her patients informed of changes to care and helped them feel comfortable.” SS/FB  
 Week 9(5c,e): Tasha, great job in debriefing discussing factors that create a culture of safety that you provided for your patient during the clinical day and EBP tools that you utilized to support safety and quality. CB

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>	S	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	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>	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>	<b>CB</b>								

**Comments:**

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observational experience. Keep up the great work. AR  
 Week 4 (6c,f)- Satisfactory discussion related to your Patient Advocate/Discharge Planner clinical experience, and with postings for both clinical experiences this week. Keep up the great work! AR  
 Week 5 (6f)- Satisfactory discussion related to delegation. CDG rubric was followed appropriately. FB

\*End-of- Program Student Learning Outcomes

Week 6 (6 d,f)- Satisfactory completion of Hand off report competency rubric 30/30. No comments provided. EW/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Week 9(6e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

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
<b>Competencies:</b>	S	NA	S	S	S	S	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	NA	S	S	S	S	NA	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	NA	S	S	S	S	NA	NA	S	S								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	NA	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. (Responding)	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>	<b>CB</b>								

**Comments:**

Week 2 (7a)- Satisfactory discussion via CDG posting related to your Quality Department observation. 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

Week 9(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. CB

\*End-of- Program Student Learning Outcomes

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
<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		

\*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	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: <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>	Complete			Not complete		
<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>						<p><b>Total Points:</b></p>	
						<p><b>Faculty/Teaching Assistant Initials:</b></p>	

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

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  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
<b>Remediation:</b> 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

<b>Student Name: <span style="color: red;">Natasha Doughty</span></b>		<b>Clinical Date: <span style="color: red;">3/12-13/2024</span></b>	
<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>		<b>Total Points:4</b> <b>Comments: <span style="color: red;">Great job discussing your patient’s current diagnosis and past medical history.</span></b>	
<b>2. Describe the pathophysiology of your patient’s current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>		<b>Total Points:6</b> <b>Comments: <span style="color: red;">Excellent job! Pathophysiology is detailed and accurate for your patient’s current diagnosis.</span></b>	
<b>3. Correlate the patient’s current diagnosis with presenting signs and symptoms. (6 points total)</b> <ul style="list-style-type: none"> <li>• All patient’s signs and symptoms included (2)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</li> <li>• Explanation of how all patient’s signs and symptoms correlate with current diagnosis. (2)</li> </ul>		<b>Total Points:6</b> <b>Comments: <span style="color: red;">All patient’s signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.</span></b>	
<b>4. Correlate the patient’s current diagnosis with all related labs. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient’s relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient’s relevant lab result values correlate with current diagnosis (3)</li> </ul>		<b>Total Points:12</b> <b>Comments: <span style="color: red;">Excellent job, Tasha! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient’s diagnosis.</span></b>	
<b>5. Correlate the patient’s current diagnosis with all related diagnostic tests. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient’s relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient’s relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>		<b>Total Points:12</b> <b>Comments: <span style="color: red;">Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient’s diagnosis.</span></b>	
<b>6. Correlate the patient’s current diagnosis with all related medications. (9 points total)</b> <ul style="list-style-type: none"> <li>• All related medications included (3)</li> </ul>		<b>Total Points:9</b> <b>Comments: <span style="color: red;">Great job including all medications. All information is detailed and accurate.</span></b>	

<ul style="list-style-type: none"> <li>• Rationale provided for the use of each medication (3)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)</li> </ul>	
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points:4</b>  <b>Comments:</b> Great job correlating the patient's past medical history with current diagnosis.</p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<p><b>Total Points:6</b>  <b>Comments:</b> All pertinent nursing interventions are prioritized, all realistic for your patient, and you provided detailed rationales.</p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)</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 (2)</li> </ul>	<p><b>Total Points:6</b>  <b>Comments:</b> Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</p>
<p>Total possible points = 65  <b>51-65 = Satisfactory</b>  33-50 = Needs improvement  &lt;32 = Unsatisfactory</p> <p><b>Course 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)*</p> <p><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 65/65</b>  <b>Comments:</b> Excellent job, Tasha! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

Advanced Medical Surgical Nursing 2024  
Simulation Evaluations

<b><u>vSim Evaluation</u></b>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Rachael Heidebrink</b> (Pharmacology) (1, 2, 6, 7)*	<b>Week 8:</b> <b>Dysrhythmia</b> Simulation (see rubric)	<b>Junetta Cooper</b> (Pharmacology) (1, 2, 6, 7)*	<b>Mary Richards</b> (Pharmacology) (1, 2, 6, 7)*	<b>Lloyd Bennett</b> (Medical-Surgical) (1, 2, 6, 7)*	<b>Kenneth Bronson</b> (Medical-Surgical) (1, 2, 6, 7)*	<b>Carl Shapiro</b> (Pharmacology) (1, 2, 6, 7)*	<b>Comprehensive</b> Simulation (see rubric)
	<b>Date:</b> 2/16/2024	<b>Date:</b> 2/26-27/2024	<b>Date:</b> 3/1/2024	<b>Date:</b> 3/15/2024	<b>Date:</b> 3/22/2024	<b>Date:</b> 3/28/2024	<b>Date:</b> 4/19/2024	<b>Date:</b> 4/19/2024
Evaluation	S	S	S	S				
Faculty Initials	FB	FB	CB	CB				
<b>Remediation:</b> Date/Evaluation/ Initials	NA	NA	NA	NA				

\* Course Objectives

**Lasater Clinical Judgment Rubric Scoring Sheet**

\*End-of- Program Student Learning Outcomes

STUDENT NAME(S): **Natasha Doughty, Kenneth Seibold, Paige Stacy, Madison Taylor**

GROUP #: **1**

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **2/26/2024 0800-1000**

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<p><b>NOTICING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>	<p>Notices patient's heart rate is decreased. Notices patient's SpO2 is decreased. Initially does not recognize rhythm change after administration of Atropine, but notices another decrease in heart rate. Notices patient's heart rhythm change after prompted by the physician.</p> <p>Notices patient has a cough. Notices patient's heart rhythm is irregular and increased. Notices patient is feeling dizzy after administration of medication. Notices patient's heart rhythm does not change after diltiazem is administered. Notices blood pressure is decreased. Notices patient has a history of CHF. Notices patient's cough has worsened after fluid bolus. Notices patient's lung sounds have changed.</p> <p>Notices patient is unresponsive. Notices patient is pulseless.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               <b>E</b>       A       D       B</li> <li>• Making Sense of Data:           E       <b>A</b>       D       B</li> </ul>	<p>Interprets patient's initial heart rhythm as sinus bradycardia. Recognizes the need for medication to increase patient's heart rate. Initially interprets the patient's heart rhythm change as sinus bradycardia, then interprets it as a second-degree type II heart block. Interprets patient's second heart rhythm change as a third-degree heart block.</p> <p>Interprets patient's initial heart rhythm as atrial fibrillation. Recognizes the patient cannot be cardioverted right away due to unknown length of time on anticoagulant. Recognizes the need for medication to decrease the heart rate. Recognizes the need to increase the blood pressure. Initially interprets the patient's lung sounds as diminished rather than crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment. 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       <b>A</b>       D       B</li> <li>• Clear Communication:           E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                       <b>E</b>       A       D       B</li> <li>• Being Skillful:                   E       <b>A</b>       D       B</li> </ul>	<p>Introduces self and identifies patient. Places patient on the monitor and obtains vital signs. Calls the physician and attempts to provide SBAR. Does not place patient on oxygen. Administers 1 mg of Atropine IVP. Does not repeat all vital signs. Calls the physician due to decreasing heart rate. Attempts to provide SBAR, but does not have all the assessment data. Recommends transcutaneous pacing, amiodarone and epinephrine.</p> <p>Introduces self and identifies patient. Obtains vital signs, places patient on the monitor and performs an assessment. Asks patient about medical history. Calls the physician and attempts to provide SBAR. Recommends diltiazem</p>

\*End-of- Program Student Learning Outcomes

	<p>for treatment. Applies oxygen on the patient. Administers diltiazem per orders. Reassesses the monitor and blood pressure after diltiazem is administered. Calls the physician and provides SBAR. Recommends cardioversion and a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient. Asks the patient to perform a deep cough to help bring heart rate down. Initially does not stop fluids. Calls physician and provides update.</p> <p>Calls code. Places patient on the monitor. Calls physician. Performs CPR. Administers epinephrine 1 mg IVP. Continues CPR. Places fast patches on patient. Begins bagging the patient. Performs defibrillation. Recommends amiodarone as potential treatment.</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>B= Beginning</b></p>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most 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</p>

\*End-of- Program Student Learning Outcomes

<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>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>Satisfactory completion of the simulation scenario. Great job!</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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