SEVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Paige Stacy

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

Comments:

Week 3 (1c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. Preceptor comments: "Excellent in all areas. Paige asked questions, engaged in the clinical and was comfortable talking with patients". Great job! AR

Week 4 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB Be sure to complete the clinical location box each week. AR

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

*End-of- Program Student Learning Outcomes

Week 6 (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
Week 9- 1a,b- Nice job assessing and managing care for your patient this week. 1d- We will discuss and measure rhythm strips the next few weeks of clinical. 1e- Medications were all administered while observing the rights of medication administration. BS
Week 10- 1a,b- Great job this week assessing and managing care for your patients on 4C. 1d- You may not have had time to work on your EKG book yet, but you interpreted your patients' rhythm strips 1e- Medications were all administered while observing the six rights. Routes this week included PO, OG, IV, and IVP. BS
Week 11-1(a-e,g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. All six rights of medication administration were followed during all medication passes. You had the opportunity to administer PO, IV, IVP, and SQ mediations. A friendly reminder to always pay close attention to the rate for your IV medications. Although the IV pumps have set rates for most of the drugs, the physician sometimes orders a faster or slower rate. Satisfactory completion of your ECG booklet in which you were able to practice determining rates, measurements and interpreting cardiac rhythms. Excellent job overall monitoring your patient very closely to ensure positive patient outcomes. BL

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: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	NA	NA	S	~~S~~ NI	S	S						
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	NA	NA	S	S	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	S	S						
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	NA	NA	NA	~~NA~~ S	S	S	NA	NA	S	S	S	S						

*End-of- Program Student Learning Outcomes

e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

***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

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- 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 complete your pathophysiology CDG. I will, however, need some additional information. Please see your rubric below. 2e- You did a nice job discussing cultural considerations/racial inequalities assessed while providing patient care this week. BS

Week 10- 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. Please see rubric below. 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

Week 11-2(b,c) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. BL

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: a. Critique communication barriers among team members. **(Interpreting)**	S	S	S	S	S	S	NA	NA	S	S	S	S						
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~NA~~ S	S	S	S	S	S	NA	NA	S	S	S	S						
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	S	S	~~S~~ NA	NA	NA	NA	NA	S	S	S	S						
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	NA	S	S	S	S	S	NA	NA	S	S	S	S						
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	NA	NA	NA	S	S	S	NA	NA	S	S	S	~~S~~ NA						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

Comments:

Week 2 (3b)- Satisfactory discussion via CDG posting related to your Quality Department observation. AR
Week 3 (3b,c)- Satisfactory Quality 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
Week 6 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB
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- Good participation during debriefing of discussing strategies to achieve fiscal responsibility while on clinical. BS
Week 10- 3a- You did a nice job discussing communication barriers during debriefing this week. Hopefully you were able to witness the importance of open and honest communication, because often times we must discuss very difficult topics with patients and families. BS
Week 11-3(b) Great job in debriefing participating in the discussion of quality indicators and core measures. BL

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: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

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

Comments:

WEEK 2: When going through the patient chart this week in Quality assurance/core measures my patient was being reviewed for possibly being sent home too early from the hospital, after discharge he was readmitted 2 days later for the same issue and it had worsened. Great example! AR

WEEK 3: Durning my time with the Patient Advocate we were discussing a current situation with a negative experience a patient had when in the hospital. Patient stated to a nurse we were a hard stick for an IV and requested for them to use the ultrasound. Staff nurse at the time with a student said they had to try to get an IV first before calling ICU to have someone come place an IV with the ultrasound, after 3 attempts made by the student the nurse stated that the student needed the experience and that they would call for the ultrasound since they couldn't get the IV. The patient then called the patient advocate once she went home with the complaint and stated she had her arm was all bruised up from the attempts to get an IV. Patient advocates were walking through how they go about investigating the situation and the letters they send to the patients after discharge in regard to the investigation. What an unfortunate situation, and a very good example. Thank you. AR

WEEK 4: While doing IVs on the digestive health unit, there was a patient who refused students to put in IV's on him. That is a patients right and in my opinion qualifies for this question. Great example! AR

WEEK 5: This week there was a patient who really wanted to be a DNRCC but his wife was bickering with him and made him stay a full code. He was then refusing all medications including glucose and refusing to drink orange juice or anything to bring up his blood sugar. If the patient is of their right mind with no confusion they have the right to decide the care that they want. If the patient is having depression issues maybe they need to talk to someone about their feelings. Sometimes loved ones are being selfish and not considering the patient's feelings. 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 was taking care of a patient who had a family that was kind of overbearing, and I say that very nicely. However, the son in law stayed all day asking questions on why her IV rate was so low, why she wasn't getting lab draws more often and even though he was educated on this by myself, the nurse, and the charge nurse, it progressively was getting worse. Once we left after our shift, the daughter, son in law and son was sneaking in at 3am pass security, was screaming at nursing staff and then removed from the hospital for the night, once removed they were screaming at the patient telling her to sign AMA forms and that she needed to

*End-of- Program Student Learning Outcomes

leave. Patient didn't want to leave and felt overwhelmed by the actions of her family. And felt like she was kind of stuck in the middle of getting better and listening to them. Great example, this is so stressful for all involved! Some individuals are very selfish, it is ultimately the patient's decision to get the care they want. Families can be the most difficult to deal with. Our primary responsibility is to the patient, but it does put us in a difficult position. FB

WEEK 7: My patient this week was admitted back in January for a fall, then sent to our rehab facility, he was then discharged to a SNF from our rehab center 1/19. However on 2/16 the patient was D/C'd from the SNF and the family was told that he could walk and go up and downstairs. The gentleman is 84 y.o. with dementia, lives at home with his wife. Ultimately the patient couldn't walk on his own, and had severe weakness after being discharged home from the faculty and family determined it was too unsafe for him and brought him back to Firelands where he was readmitted 2/19 for generalized weakness. Patient is now a x3 assist, when he was up adlib when he was discharged a month prior. Family is extremely upset and looking into nursing homes because they cannot tend to him 24/7 at home, which is the care he needs. This makes you wonder if he truly was able to walk up and down stairs or did the funding through insurance run out so the facility discharged him to home. I wonder if the family visited him in the SNF to see exactly what he was able to do physically. A patient does not present with dementia that quickly, there had to be some signs before the fall in January. Very sad. FB

WEEK 9: This week I was in 4C taking care of a gentlemen who was 47 years old and had suffered from DKA, SCA and then deemed "brain dead" from an anoxic brain injury. He wasn't married and the decision making was left up to his 19-year-old daughter. This absolutely broke my heart; I couldn't imagine being 19 years old and trying to make the choice of taking my own father off the mechanical ventilation or not. Although the rest of the family provided her comfort and guidance along with the staff at Firelands I feel like being 19 and making a choice like that would stick with her mentally, and emotionally for the rest of her life. Yes, that was a horrible situation for anyone to be in, let alone a 19-year-old. Hopefully the family comes together to support her and her brother through a very difficult time. BS

WEEK 10: This week I witnessed a MET on a patient who was in her 80s. She came to the hospital because her pacemaker shocked her 3 times, and she was more fatigued than normal. Once arriving to the ER, she HR was 160 resting, she had been asymptomatic, however the night before our clinical was stating she "felt weird" doctor didn't want to cardiovert her, and wanted to try medications, although medications weren't working. Patient became symptomatic, fatigued, nauseous and "felt worse", MET was called, medications were given, patient went unresponsive. When a patient went unresponsive, she was listed as a Full code in our online charting system, so she had been intubated. When the patient's husband came in, he had been upset because the patient was a DNRCCA and didn't want to be intubated, there was a signed paper copy of the DNRCCA in her chart but wasn't shown in the charting system. Yes, this is a good example, Paige. I think, in this case, it will turn out fine. However, this kind of thing can bring about lawsuits and damage the hospital's reputation. This can be inadvertently overlooked sometimes in emergent or chaotic situations, but this illustrates the importance of not only being familiar with the different types of code status, but also of being aware of the patient's wishes. BS

WEEK 11: My patient this week had an extensive medical history, he came in for have witness falls and seizures. He was admitted on 3/12 but according to hand off report and charting, the patient had a fractured femur, that went unnoticed for 11 days once being admitted to Firelands, it wasn't until the patient coded that they noticed his hip was swollen. It is believed he broke it while in the nursing home when he had his falls and seizure. Both the nursing home for not really reporting the falls makes it very sad to know this patient went so long without the CT to his leg, and surgery to correct it. Great example, Paige. This is a very sad situation. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	S	NA	NA	**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	NA	NA	**S**	S	S	S						
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	NA	S	S	S	S	S	NA	NA	**S**	S	S	S						
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	S	S	S	S	S	S	NA	NA	**S**	S	S	S						
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BS**	**BS**	**BL**						

Comments:

Week 2 (5c)- Satisfactory in discussion related to your Quality Department observational experience. Keep up the good work. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/6/2024. Excellent in all areas. Student goals: "Getting comfortable with a bigger patient load." Additional Preceptor comments: "Paige did an amazing job. She is a real go-getter she offered to take 2 patients right away. She offered to take my demented patient who was feisty, and another patient. She also helped with other patients" LC/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/13/2024– Excellent in all areas. Student goals: "Better at time management." Additional Preceptor comments: "Amazing job! Very organized!" RM/FB Reported on by assigned RN during clinical rotation 2/14/2024- Excellent in all areas. Student goals: "More in-depth charting, click around in the new charting system." Additional preceptor comments: "Very knowledgeable with care and patient. Great bedside manner. Obvious background as PCT. Will make a great RN." JW/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/20/2024 – Excellent in all areas. Student goals: "Practice more with the new charting system, still kind of learning it, and clicking through it." Additional Preceptor comments: "Paige got to access a port and give a fleet enema! She did great with time management. She got to see administration of chemo." ER/FB Reported on by assigned RN during clinical rotation on 2/21/2024 – Excellent in all areas. Student goals: "To better perfect time management." Additional Preceptor comments: "Great job! Did well with time management and patient care." ER/FB

Week 9- 5a- Good performance in the clinical setting this week caring for your patient who was on a mechanical ventilator. 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

*End-of- Program Student Learning Outcomes

Week 10- 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 a more emergent intubation. BS
Week 11-5(b,c) Paige, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

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)*

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Department observation. Keep up the good work! AR

Week 3 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. (6f)- Satisfactory CDG postings related to Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep up the great work. AR

Week 5 (6d) Satisfactory completion of hand off report rubric 30/30. Preceptor comments: Paige did amazing with two patients and giving handoff report. She handled the SBAR great and answered questions for ongoing nurse. LC/FB (6f)- Satisfactory discussion related to delegation. CDG rubric was followed appropriately. FB

Week 6 (6 f)- 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- 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. 6f- This NI will be taken care of with the additions you make to your pathophysiology CDG. BS

Week 10- 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 and was done in a timely manner, nice job! 6f- Nice work on your care map this week. BS

Week 11-6(d) Great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

*End-of- Program Student Learning Outcomes

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**

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (7a)- Satisfactory discussion 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- ACE attitude displayed at all times on the clinical floor. BS

Week 10- 7d- ACE attitude displayed at all times on the clinical floor. Nice work, Paige. BS

Week 11-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Screening for Aspiration Risk Associated with Dysphagia in Acute Stroke" Excellent job! BL

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
2/19-3/20/2024	Ineffective breathing	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:

*End-of- Program Student Learning Outcomes

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

Student Name: Paige Stacy **Date or Clinical Week:** 3/19-3/20/2024				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
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. Another important priority for this patient would be decreased cardiac output, due to her heart rate. I would also suggest that maintaining a patent airway should be higher on the priority list.
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Nice job with interventions. I would suggest additional interventions to include:
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	

*End-of- Program Student Learning Outcomes

p o n d i n g	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Administer supplemental oxygen, assess pain, treat pain with XXX, monitor labs, administer antibiotic XXX, educate patient regarding XXX.
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
R e fl e c ti n g	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	Nice job, but several highlighted areas were not reevaluated, and there are a few things evaluated that were not included in the assessment findings.
	14. Evaluation includes one of the following statements: ● Continue plan of care ● Modify plan of care ● Terminate plan of care	**Complete**			**Not complete**	3	

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: Nice work Paige! BS

Total Points: 38/42 Satisfactory

Faculty/Teaching Assistant Initials: **BS**

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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: P. Stacy **Clinical Date:** 3/12-3/13/2024

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:** 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) ● 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(es).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) ● All patient's signs and symptoms included (2) 0 ● Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) 0 ● Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 0	**Total Points:** 0 **Comments:** It appears that #3 was skipped. (The next section (#4) is labeled as #3.
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:** 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) ● All patient's relevant diagnostic tests and results	**Total Points:** 3 **Comments:** Labs and findings are included. Rationales, normal findings in the absence of the diagnosis, and correlations to the diagnosis are not

*End-of- Program Student Learning Outcomes

included (3) 3 ● Rationale provided for each diagnostic test performed (3) 0 ● Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) 0 ● Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 0	**provided.**
6. Correlate the patient's current diagnosis with all related medications. (9 points total) ● All related medications included (3) 3 ● Rationale provided for the use of each medication (3) 3 ● Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 0	**Total Points: 6** **Comments: Medications and rationales (indication) provided. No explanation of how each medication correlates with current diagnosis.**
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: 4** **Comments: Nice job correlating your patient's past medical history with his diagnosis.**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) ● All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 6** **Comments: Nice job with interventions but remember that a properly written intervention will include a time frame, including frequency and times.**
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: 6** **Comments: Good job here. No additional interdisciplinary team members not identified, but that is appropriate for this patient, although his family members will require some support going forward.**
Total possible points = 65	**Total Points: 47/65 Needs Improvement.**

*End-of- Program Student Learning Outcomes

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	**Comments: Paige, unfortunately you will have to redo a few sections. When you do, please have the rubric with you to ensure each topic is covered. BS**

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	S	S	S	S	S		
Faculty Initials	FB	FB	BS	BS	BS	BL		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA		

*End-of- Program Student Learning Outcomes

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					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. 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. Notices patient is unresponsive. Notices patient is pulseless.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (1,2)*					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.
• Prioritizing Data:	**E**	A	D	B	
• Making Sense of Data:	E	**A**	D	B	

*End-of- Program Student Learning Outcomes

	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. 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.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: E **A** D B • Clear Communication: E **A** D B • Well-Planned Intervention/ Flexibility: **E** A D B • Being Skillful: E **A** D B	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. 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 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. 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.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	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! 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.

*End-of- Program Student Learning Outcomes

	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!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	Lasater Clinical Judgement Rubric Comments: 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. 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 experienced nurse. 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. 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. Satisfactory completion of the simulation scenario. Great job!

*End-of- Program Student Learning Outcomes

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:

*End-of- Program Student Learning Outcomes

*End-of- Program Student Learning Outcomes