

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025**

**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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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) |
|----------|---------------------------------|----------|---------------------|
| | | | |
| | | | |
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| | | | |
| | | | |
| Initials | Faculty Name | | |
| CB | Chandra Barnes, MSN, RN | | |
| FB | Fran Brennan, MSN, RN | | |
| BL | Brittany Lombardi, MSN, RN, CNE | | |
| AR | Amy Rockwell, MSN, RN | | |
| BS | Brian Seitz, MSN, RN, CNE | | |

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|--|-----------|-----|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| Competencies: | S | S | | | | | | | | | | | | | | | | |
| a. Manage complex patient care situations with evidence of preparation and organization. (Responding) | S | S | | | | | | | | | | | | | | | | |
| b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing) | S | S | | | | | | | | | | | | | | | | |
| c. Evaluate patient’s response to nursing interventions. (Reflecting) | S | S | | | | | | | | | | | | | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting) | S | S | | | | | | | | | | | | | | | | |
| e. Administer medications observing the seven rights of medication administration. (Responding) | S | S | | | | | | | | | | | | | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding) | S NA | N/A | | | | | | | | | | | | | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BS | | | | | | | | | | | | | | | | | |
| Clinical Location | 4C | 4C | | | | | | | | | | | | | | | | |

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We briefly discussed your patient’s heart rhythm and will continue discussion of rhythm identification and measurement over the next few weeks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

*End-of- Program Student Learning Outcomes

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

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

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

Comments:

Week 2- 2a- You did a nice job correlating the relationships among your patient’s disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily completing your pathophysiology CDG this week. 2e- You were also respectful of the patient’s family members as they went through this difficult situation. BS

| Objective | | | | | | | | | | | | | | | | | | |
|---|-----------|---|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| 3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)* | | | | | | | | | | | | | | | | | | |
| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
| Competencies: | S | S | | | | | | | | | | | | | | | | |
| a. Critique communication barriers among team members. (Interpreting) | | | | | | | | | | | | | | | | | | |
| b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding) | S | S | | | | | | | | | | | | | | | | |
| c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding) | S | S | | | | | | | | | | | | | | | | |
| d. Clarify roles & accountability of team members related to delegation. (Noticing) | S | S | | | | | | | | | | | | | | | | |
| e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BS | | | | | | | | | | | | | | | | | |

Comments:

Week 2- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

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

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

Comments:

Week 2: Something that I had witnessed this week in my ICU clinical that can pose as an ethical issue would be not adhering to Data privacy such as HIPPA. I say this because in my patients situation this week there was instances were a lot of family members came in to pay their respects since my patient’s health was declining and in that the nurse had told family members what was going to happen to the patient once their apnea test came back. In telling information about organ donation the nurse could have broke HIPPA because regardless of what the family members were there for they may not been authorized to know that information which could pose as a legal issue as well if the POA wasn’t comfortable with that information being shared.

Week 2- 4a- You bring up a good point here, Josh. ICU nurses have these types of discussions quite frequently. Having difficult, and hopefully comforting, conversations like this is very important for grieving family members. You are correct, though, as we must be sure not to break any HIPPA rules while we are trying to be comforting. BS

Week 3: An ethical issue that I could have witnessed this week in my ICU clinical was the ethical issue of truth telling. My Patient had a lot going on in regards to their care so an issue that could have resulted from withholding what was going on with her treatment could have been adding more stress to the patient than she was already in. Although the patient didn’t want to hear her getting dialysis one extra time this week than usual it was still the nurses duty to make sure the patient has all the information in regards to the treatment plan. This could also intertwine with autonomy because having all the necessary information can guide the patient in making a decision such as refusal which she did when it came to having dialysis ran on her one extra time.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2- 5b- You were able to observe several bedside procedures this week, including a trach replacement, placement of an arterial line, and an apnea test. 5c/e- During debriefing you did a nice job describing factors that create a culture of safety and discussing the use of EBP tools that can help support safety and quality. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

| Objective | | | | | | | | | | | | | | | | | | |
|---|-----|-----|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| 6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)* | | | | | | | | | | | | | | | | | | |
| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
| Competencies: | S | S | | | | | | | | | | | | | | | | |
| a. Establish collaborative partnerships with patients, families, and coworkers. (Responding) | | | | | | | | | | | | | | | | | | |
| b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding) | S | S | | | | | | | | | | | | | | | | |
| c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding) | S | S | | | | | | | | | | | | | | | | |
| d. Deliver effective and concise hand-off reports. (Responding) * | N/A | N/A | | | | | | | | | | | | | | | | |
| e. Document interventions and medication administration correctly in the electronic medical record. (Responding) | S | S | | | | | | | | | | | | | | | | |

*End-of- Program Student Learning Outcomes

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|--|-----------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BS | | | | | | | | | | | | | | | | | |

***When completing 4T Hand-Off Report see 4T Hand- Off Competency Rubric**

Comments:

Week 3- 6a/b/c- As you no doubt realized this week, teamwork, communication, and collaboration are very important while doing our jobs as nurses. Each patient situation is unique and often requires to use many of our skills at once. It’s a sad situation but I’m glad you were able to have this experience. 5e- Documentation was good for the first week, and you will gain comfort with it each week. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

| Objective | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| 7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)* | | | | | | | | | | | | | | | | | | |
| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
| Competencies: | S | S | | | | | | | | | | | | | | | | |
| a. Value the need for continuous improvement in clinical practice based on evidence. (Responding) | | | | | | | | | | | | | | | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding) | S | S | | | | | | | | | | | | | | | | |
| c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding) | S | S | | | | | | | | | | | | | | | | |

*End-of- Program Student Learning Outcomes

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|--|-----------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BS | | | | | | | | | | | | | | | | | |

Comments:

Week 2- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

| Student Name: | | Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. | | | | | |
|------------------------|--|--|-----------------|---|-------------------------------------|---------------|----------|
| Date or Clinical Week: | | | | | | | |
| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
| Noticing | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data. | (lists at least 7*) *provides explanation if < 7 | (lists 5-6) | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | | |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | (lists at least 3*) *provides explanation if < 3 | | (lists 3 but no specific patient data included) | (lists < 3 or gives no explanation) | | |
| | 3. Identify all risk factors relevant to the patient. | (lists at least 5*) *provides explanation if < 5 | (lists 4) | (lists 3) | (lists < 3 or gives no explanation) | | |
| Interpreting | 4. List all nursing priorities and highlight the top priority problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |
| | 5. State the goal for the top nursing priority. | Complete | | | Not complete | | |
| | 6. 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 | | |
| | 7. Identify all potential complications for the top nursing priority problem. | (lists at least 3) | (lists 2) | | (lists < 2) | | |
| | 8. Identify signs and symptoms to monitor for each complication. | (lists at least 3) | (lists 2) | | (lists < 2) | | |
| Responding | 9. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |
| | 10. Interventions are prioritized | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |
| | 11. All interventions include a frequency | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |
| | 12. All interventions are individualized and realistic | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |

*End-of- Program Student Learning Outcomes

| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
|-------------------|---|----------------|-----------------|----------------|--------------|---------------|----------|
| | 13. An appropriate rationale is included for each intervention | > 75% complete | 50-75% complete | < 50% complete | 0% complete | | |
| Reflecting | 14. List all of the highlighted reassessment findings for the top nursing priority. | >75% complete | 50-75% complete | <50% complete | 0% complete | | |
| | 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | | |

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

Care Map Evaluation Tool**
AMSN
2025

| 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. **Students that are not satisfactory after these 2 attempts will be required to meet with course faculty for remediation.**

Comments:

Pathophysiology Grading Rubric
 Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing
 2025

Student Name: **J. Hernandez**

Clinical Date: **Week 2**

| | |
|--|---|
| <p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) | <p>Total Points: 4 Comments: Great job providing a description of your patient's current diagnosis and past medical history.</p> |
| <p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) | <p>Total Points: 6 Comments: Nice job providing a detailed description of the pathophysiology of your patient's current diagnosis (anoxic brain injury).</p> |
| <p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | <p>Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with her presenting signs and symptoms.</p> |
| <p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) 0 • Rationale provided for each lab test performed (3) 1 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) 2 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 2 | <p>Total Points: 5 Comments: Decent job here, however many labs are not provided. For example; no electrolytes, Bun and creatinine, protein, albumin, or liver enzymes-which were extremely high.</p> |
| <p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | <p>Total Points: 12 Comments: All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.</p> |
| <p>6. Correlate the patient's current diagnosis with all related</p> | <p>Total Points: 9</p> |

| | |
|---|--|
| <p>medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | <p>Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</p> |
| <p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | <p>Total Points: 4 Comments: Nice job correlating her (limited) PMH with her current diagnosis.</p> |
| <p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) | <p>Total Points: 6 Comments: Great job with your nursing interventions.</p> |
| <p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) | <p>Total Points: 6 Comments: Nice job discussing the interdisciplinary team members and the role they are taking in the care on your patient.</p> |
| <p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p> | <p>Total Points: 58/65 Comments: Satisfactory. BS</p> |

Firelands Regional Medical Center School of Nursing

AMSN –4 Tower - Hand-Off Report Competency Rubric

Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

| | |
|-----------------------------|------------------------------|
| 23-30 points = Satisfactory | < 23 points = Unsatisfactory |
|-----------------------------|------------------------------|

CRITERIA

| | Meets Expectations 5 | Needs Improvement 3 | Does Not Meet Expectations 0 | POINTS |
|--|--|---|--|---------------|
| Introduction Safety (1,2)* | Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.) | Provides introduction and communicates most of the safety concerns of the patient. | Does not provide introduction and/or does not address the safety concerns of the patient. | |
| Situation (3)* | Presents chief complaint and current status (including code status, recent changes, and response to treatment). | Presents most information but missing pertinent data e.g. current status, changes etc. | Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient’s situation. | |
| Background (4)* | Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history. | Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history. | Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history | |
| Assessment Laboratory/Diagnostic Testing (5)* | Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation. | Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal. | Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood. | |
| Actions (4,5)* | Explains interventions performed or required. Provides rationale. | Explains interventions performed/required but does not provide rationales. | Does not include all interventions performed and does not provide rationales. | |
| Communication Prioritization (1,4,5,6)* | Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided. | Communicates all information but is slightly disorganized in presentation. | Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation | |
| | | | TOTAL POINTS | |

*End-of- Program Student Learning Outcomes

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2025
Simulation Evaluations

| | | | | | | | | |
|--|--|---|--|---|---|---|--|--|
| <u>Simulation Evaluation</u> | | | | | | | | |
| | Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)* | Week 8: Dysrhythmia Simulation (see rubric) (1, 2, 3, 5, 6, 7) | 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) (1, 2, 3, 4, 5, 6, 7) |
| Performance Codes: S: Satisfactory U: Unsatisfactory | Date: 2/14/2025 | Date: 2/24-25/2025 | Date: 2/28/2025 | Date: 3/14/2025 | Date: 3/21/2025 | Date: 3/27/2025 | Date: 4/7/2025 | Date: 4/7/2025 |
| Evaluation | | | | | | | | |
| Faculty Initials | | | | | | | | |
| Remediation: Date/Evaluation/ Initials | | | | | | | | |

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing

Skills Lab Evaluation Tool
AMSN
2025

| 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: 1/7/2025 | Date: 1/7/2025 | Date: 1/7/2025 | Date: 1/7/2025 | Date: 1/9/2025 | Date: 1/9/2025 | Date: 1/10/2025 | Date: 1/10/2025 | Date: 1/10/2025 | Date: 1/10/2025 |
| Evaluation: | S | S | S | S | S | S | S | S | S | S |
| Faculty Initials | BS | BS | BS | BS | BS | BS | BS | BS | BS | BS |
| 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. 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! CB

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/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/Ports/Blood Draw: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. 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! DW/BS

*End-of- Program Student Evaluation/Comments: **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. BS

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025**

**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 11/15/2024