

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)
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	S	S														
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	N/A														
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S														
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	N/A														
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	N/A														
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S NA	N/A	N/A	S														
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A														
Faculty Initials	BS	BS	CB															
Clinical Location	4C	4C	4P	Digestive health														

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

Week 3- 1a/b- You did a good job this week assessing and providing care to your patient. It can be difficult caring for patients experiencing a lot of pain in addition to their medical problems, but you did a nice job connecting with your patient while performing your interventions. 1e- You also did a good job with medication administration while observing the seven rights. BS

Week 4(1a-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. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You were able to discuss and interpret cardiac rhythm strips. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A														
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	S	N/A														
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	N/A														
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	N/A														
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S														
Faculty Initials	BS	BS	CB															

***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

Week 3- 2e- During debriefing, you did a nice job identifying social determinants of health, relevant to your patient, that could have an impact on her health, well-being, and quality of life. Good job also of being mindful and respectful of the patient's perspective and values while providing care. BS

Week 4(2a,b,c,d) Excellent job utilizing your clinical judgement skills to formulate a prioritized plan of care for your patient on 4P this week. Please see the care map grading rubric below for my feedback. 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. CB

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

Comments:

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

Week 3- 3a- You did a nice job critiquing communication barriers observed while in the clinical setting. BS

Week 4(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
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	S	N/A														
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S														
Faculty Initials	BS	BS	CB															

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.

Week 3- 4a- Good point, Josh. In that instance (when patients refuse care) the appropriate thing to do would be to explain the importance of her dialysis treatments and that having her blood treated through the dialyzer would contribute to her overall healing. But yes, she is the final decision maker with regards to her medical care. BS

Week 4: A legal issue that I had seen that could have potentially caused injury to a patient and this would be negligence. Towards the end of my clinical experience in progressive care a patient had walked out of their room with an IV pole and wanted to walk around the unit. The nurse for this patient quickly helped them back into their room and it did not seem like the patient was supposed to be without assistance with ambulation. If the patient would have fallen due to not turning on the bed alarm and taking precaution the nurse may have been seen being negligent to the patient and failing to protect them. Josh, this is a great point. I know sometimes everyone gets busy, but that is when things are missed and people become negligent instead of just taking your time. It only takes a few minutes to educate your patient on why they are going to be on fall precautions, and it doesn't mean they can't get up, they just did someone with them when they ambulate. CB

Week 5: An ethical issue that I could have potentially seen during my clinical at digestive health would be that of informed consent. Prior to administering any IV to a patient we always made sure to inform the patient who were and what we would like to do which is allow me to practice giving them an IV for their procedure being done that day. This is a crucial step when coming into contact with any patient because one needs to make sure that the patient is aware of the care that is being given to them regardless of who is doing it. Regardless of wanting to practice an IV the patient has the ultimate choice to decide if they allowed me to place an IV so this can also tie in with autonomy.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

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

Week 3- 5b- You were able to accompany your patient during her surgical procedure and also observe her dialysis treatment. 5c- Through your CDG, you did a nice job discussing actions you took to help create a culture of safety for your patient. BS

Week 4(5b,d) Josh, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job using standard precautions while caring for your patients this week! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

***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

Week 3- 6a/b/c- Nice job discussing your observations (and participation) about establishing collaborative partnerships and communication with patients, families, fellow students, and other health care team members in an attempt to achieve optimal patient outcomes. Nice job also of educating your patient based on her readiness to learn (which was much better on the second day when her pain was in control). BS

Week 4(6d,e,f): Great job giving a thorough detailed hand-off report, scoring 30/30 per the 4T hand-off report grading rubric. Please see the attached rubric below for comments. Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

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

Week 3- 7a/b- You were able to observe your patient's surgical procedure, increasing your knowledge of her disease process and the treatments that can help control her symptoms. You also found and summarized an EBP article relevant to your patient's current health crisis related to pain control. Nice job! BS

Week 4(7d) Josh, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Joshua Hernandez				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: 1/28/2025							
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	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well. Some suggestions that I would have also included are high fall risk, instead of altered mental status being specific and stating A&O X2, glasses, hearing aids, nectar thick pureed diet
	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	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You may have also considered including chronic confusion, risk for adult pressure injury, self-care deficit, decreased activity tolerance, and impaired physical mobility. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem. You listed death, which s/sx could have been unresponsive, no pulse, without respirations.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with all of your nursing interventions which were prioritized, including a frequency, and an appropriate rationale.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*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	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job evaluating all highlighted data from the assessment and lab/diagnostic criteria. I agree to continue the plan of care for this patient.
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
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: Satisfactory completion of your care map, scoring 45/45, great job! CB						Total Points: 45/45	
						Faculty/Teaching Assistant Initials: CB	

Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/28/2025	Impaired Gas Exchange	S/CB	NA

** 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**

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: Great job providing a description of 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: Nice job providing a detailed description of the pathophysiology of your patient's current diagnosis (anoxic brain injury).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) - All patient's signs and symptoms included (2) - Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) - Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with her presenting signs and symptoms.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) - 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	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.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) - All patient's relevant diagnostic tests and results included (3) - Rationale provided for each diagnostic test performed (3) - Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) - Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	Total Points: 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.
6. Correlate the patient's current diagnosis with all related	Total Points: 9

medications. (9 points total) - 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)	Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.
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 her (limited) PMH with her current 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: Great job with your nursing interventions.
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: Nice job discussing the interdisciplinary team members and the role they are taking in the care on your patient.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	Total Points: 58/65 Comments: Satisfactory. BS

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: Joshua Hernandez Date: Jan. 29, 2025

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory
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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.	5
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.	5
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	5
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.	5
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.	5
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	5
			TOTAL POINTS	30/30

Faculty Comments: _____
Great job! You gave a detailed, thorough report on your patient. _____

Faculty Signature: _____ **Chandra Barnes, MSN, RN** **Date:** _____ **Jan. 29, 2025**

Advanced Medical Surgical Nursing 2025
Simulation Evaluations

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	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

*End-of- Program Student Learning Outcomes

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 Learning Objectives/**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

*End-of- Program Student Learning Outcomes