

**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	N/A	N/A													
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	S													
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	N/A	S													
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	N/A	N/A													
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	N/A	N/A S													
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	N/A	N/A	N/A	N/A	S													
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	N/A													
Faculty Initials	CB	CB	BS	AR	AR													
Clinical Location	4P	4P	4C	QC	DH + SP													

Comments:

Week 2(1a,b,d,e): Great job this week managing complex patient situations while on 4P. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the six rights of medication administration and utilized the BMV system. CB

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (PO,SubQ), following the six rights of medication administration. Great job! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Week 4- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We discussed atrial fibrillation, PVCs, and paced rhythms. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ, TOP) while observing the rights of medication administration. BS

Week 6 (1b,c)- Satisfactory during your Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in 'demonstrates prior knowledge of departmental/nursing responsibilities' and 'demonstrates safe completion of nursing skills'; Excellent in all other areas. Angio-stent patient in OR; she stayed over to observe. Watched liver and thyroid biopsies. Very interested; asked good questions." Keep up the great work! AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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

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

Comments:

Week 2(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications. You were able to recognize changes in your patient’s status and respected your patient’s family while performing all care. Excellent job on your pathophysiology, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 3(2e): Molly, you do a great job respecting your patient and family’s needs, ensuring that optimal care is provided around their needs. CB

Week 4- 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 complete a care map for your patient. 2b,c,d- Nice job during debriefing also, where you

*End-of- Program Student Learning Outcomes

provided two priority nursing diagnoses for your patient, discussed how you monitored for potential risks and anticipated possible complications, and discussed recognizing changes in patient status and how you responded. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

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

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB

Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 4- 3b- Good job during debriefing discussing quality improvement, core measures, and the importance of documentation. BS

Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the good work. AR

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

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

Comments:

Week 2 (a): when it came to my patient, he was going to hospice which is all about patients' autonomy, they have the right to make decisions about their care. When it comes to hospice care all "curative treatments" are discontinued. The patient was done fighting, he had a talk with his wife on Tuesday saying that he wanted to stop all treatment and prioritize comfort care. His wife agreed because she hated seeing him in such unbearable pain, so his code status was changed from DNRCCA to DNRCC. On Wednesday he was unable to open his eyes, talk, or even move. Hospice came into to talk to the wife, and they decided to take him to the inpatient hospice center. Even though the patient could not communicate on Wednesday, his wife knew that this is what he wanted and did not go against what he wanted. Sometimes ethical issues can get involved with families requesting those life sustaining treatments to be continued but it's not what the patient wants. **Great job, Molly. This is very important when it comes to end of life care. Ensuring that you have someone in charge of your wishes, that you can count on to do things as you wanted. You did an excellent job ensuring that your patient's wishes were met this week in clinical. CB**

Week 3(a): An example of legal/ethical issues observed in the clinical setting is when HCP is discloses a patient's health information without consent on accident. This violates HIPPA and can happen through sharing of information with family members, nurses or other healthcare providers. **Molly, you will find that this happens all of the time, instead of them taking a minute and asking the patient if it is okay if they speak in front of others in the room. Great example. CB**

Week 4(a): When I had taken care of my patient Tuesday morning, the night shift nurse was there with the oncoming day shift nurse. While we were standing there both nurses were talking about her alcohol problem and her family. It was very inappropriate for them to be talking about it in front of the patient. Even though she is sedated, she can still hear. So that to me was very unprofessional and should have been talked about somewhere else or not talked about at all.

Week 4- 4a- Great example, Molly. Many nurses are good about his, but obviously some are not. We should be careful not to talk about patients when it is possible they can hear us. We are trusted with some pretty personal information, and we should take that seriously. I like to say that we can learn from every experience. Unfortunately, sometimes we learn what NOT to do. BS

*End-of- Program Student Learning Outcomes

Week 5 (a): Today one of the core measure nurses showed us a charting document from when a patient was given an IM injection to call down and was in restraints. While looking at the document, every time she documented she said she had given the patient an IM injection and that the patient was still restraints each hour. It seems as if the nurse just recalled her assessment and interventions from the first time she started. This is a big safety issue and should not be tolerated due to potential harm and inaccurate documentation that could lead to the nurse getting her license taken away. **This is a great example, and sadly “copying and pasting” documentation happens more than anyone realizes. Definitely not a good practice to begin and continue. AR**

Week 6 (a): An example of a legal/ethical issue is if a nurse were to accidentally disclose patient information to an unauthorized family member or friend. As healthcare professionals we are expected to maintain autonomy which includes respecting patient’s rights and maintain confidentiality (HIPPA). As nurses we are to keep our patients information to ourselves and if an unauthorized individual happens to come up to us and ask us about a certain patient, we have to say that we cannot give personal information out no matter who it is. **This can happen very easily if someone isn’t careful, and even more so in Digestive Health or Special Procedures areas where curtains are the only thing separating patients. AR**

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	N/A	S													
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	s	s	N/A	S													
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	s	s	N/A	S													
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc). (Interpreting)	S	s	s	S	S													
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	s	s	N/A	S													
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	s	s	N/A	N/A S													
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	s	s	N/A	S													
Faculty Initials	CB	CB	BS	AR	AR													

Comments:

Week 2(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient’s during clinical. CB

Week 3(5a,c): Molly, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Great job discussing factors that create a culture of safety during debriefing. Keep up all your hard work! CB

Week 4- 5a,b- You performed well in the clinical setting this week. You were also able to observe a sheath pull for a patient following her MI. As you noticed, it helps to have some extra hands around, just in case. I was impressed with your reflexes as you jumped back. BS

Week 5 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Good job. AR

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

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

Comments:

Week 2(6d): Excellent job with your hand-off report, you were Satisfactory scoring a 30/30 per the hand-off report rubric. You provided a very thorough and detailed report on your patient, good job! CB

Week 3(6a,b,c,d,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB

Week 4- 6a,b,c,f- You did a good job working together with your assigned nurse and fellow student to provide safe nursing care to your patient this week. You also did a great job on your care map. BS

*End-of- Program Student Learning Outcomes

Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Keep up the great work. AR
Week 6 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep it up. AR
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)		s																
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	s	s	N/A	S													
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	s	s	N/A	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	N/A	S													
Faculty Initials	CB	CB	BS	AR	AR													

Comments:

Week 2(7d): Molly, you did an excellent job this week having an ACE attitude while caring for your patient. CB

Week 3(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Transcatheter aortic valve replacement." Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Week 4- 7d- An ACE attitude was observed at all times while on the clinical floor. BS

Week 5 (7a)- Satisfactory discussion post related to your Quality Assurance/Core Measures observation. Keep it up. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: M. Plas		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: Week 4							
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	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	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 all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors. I would suggest to highlight her low albumin level. When albumin is low, fluid will leak out from the vessels, leading to edema and contributing to her ascites. You listed potential complications related to your priority problem and s/sx to go along with them.
	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 specific, prioritized, individualized interventions for your patient that included a frequency and 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	2	Good job here but I would suggest providing more detail, so that the reader has a clear picture. So, instead of putting declined or improved, provide the actual values. Rather than saying- Unresponsive to verbal/painful stimuli: improved, it would be more descriptive to say: Patient responds to verbal stimuli including grasping hands and wiggling toes bilaterally.
	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	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: Great work on your Care Map, Molly! BS

Total Points: 44/45 Satisfactory. BS

Faculty/Teaching Assistant Initials: BS

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/28-1/29/2025	Acute alcohol withdrawal syndrome	Satisfactory/BS	NA/BS

Care Map Evaluation Tool**
AMS
2025

** 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: Molly Plas	Clinical Date: 1/14-15/2025
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • Current Diagnosis (2) -2 • Past Medical History (2) -2 	Total Points: 4 Comments: Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) -6 	Total Points: 6 Comments: Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) -2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) -2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) -2 	Total Points: 6 Comments: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) -3 • Rationale provided for each lab test performed (3) -3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) -3 	Total Points: 12 Comments: Excellent job, Molly! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results 	Total Points: 12 Comments: Excellent job! All relevant diagnostic test were included with rationales. Normal findings were

<ul style="list-style-type: none"> included (3) -3 Rationale provided for each diagnostic test performed (3) -3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) -3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) -3 	<p>included and an explanation of how each test correlates to the patient's diagnosis.</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> 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) -3 	<p>Total Points: 9 Comments: Great job including all medications, all information is detailed and accurate.</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) -2 Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) -2 	<p>Total Points: 4 Comments: Great job correlating the patient's past medical history with 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) -6 	<p>Total Points: 6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</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)-2 Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) -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) -2 	<p>Total Points: 6 Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for 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</p>	<p>Total Points: 65/65 Comments: Excellent job, Molly! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	
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**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

*End-of- Program Student Learning Outcomes

Student Name: Molly Plas Date: 1/15/2025

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: _____

Molly, great job delivering a hand-off report! You were very detailed and thorough, explaining your pt.'s needs at this time. _____

Faculty Signature: Chandra Barnes, MSN, RN

Date: 1/15/2025

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

*End-of- Program Student Learning Outcomes

<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	S							
Faculty Initials	AR							
Remediation: Date/Evaluation/ Initials	NA							

* Course Objectives

Comments:

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	FB	BS	CB	AR	FB/CB/BS	AR	CB	DW/BS	BS	FB
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 Outcomes

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BS

**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: Molly Plas 2/13/25

ar 11/15/2024