

**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)
2/28/2025	1	Missing VSim post-quiz for Junetta Cooper	
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Objective

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

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

**Comments:**

Week 2 (1b)- Satisfactory during your Cardiac Diagnostics clinical experience and discussion via CDG posting. Great job. (1e,f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 3 (1c)- Satisfactory during your Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student was kind and comfortable with the patients.”. Great job. AR

\*End-of- Program Student Learning Outcomes

Week 4 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in ‘demonstrates prior knowledge of departmental/nursing responsibilities’; Excellent in all other areas. Successfully started IV’s, observed an angioplasty, liver biopsy, fistulogram, thoracenteses, and bone marrow biopsy.” Great job. AR

Week 5(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. Nadia, competency 1e was changed to a “NI” due to not drawing up an IV push medication in a safe way. We discussed the correct way to pull up the medication from a vial without leaving the needle in the vial when the correct dose is withdrawn. Please remember how to recap a needle by “scooping” the cap, without risking the chance of you getting stuck by the needle. CB

Week 6(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,IV push), following the seven rights of medication administration. Great job! CB

Week 7- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. You were also able to observe a thoracentesis, an intubation, and an EGD with variceal banding. 1d- We discussed atrial fibrillation/flutter, PVCs, paced rhythms, and heart blocks during clinical this week. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. Nice work! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

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

**Comments:**

Week 5(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications. Excellent job on your care map, 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

\*End-of- Program Student Learning Outcomes

Week 6(2e): 2d was changed to a “S” rating. Although you did not complete a care map on your patient this week, while in the clinical setting you are always formulating a plan of care for your patient. You do a great job respecting your patient and family’s needs, ensuring that optimal care is provided around their needs. CB

Week 7- 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 your pathophysiology CDG this week. 2b,c,d- Nice job during debriefing also, where you 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
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S									
a. Critique communication barriers among team members. <b>(Interpreting)</b>																		
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	NA	S	S	S	S	S	NA	NA	S									
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	NA	NA S	S	S	S	S	NA	NA	S									
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	NA	NA	S	S	S	S	NA	NA	S									
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	NA	NA	S NA	S NA	NA	NA	NA	NA	S									
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CB</b>	<b>CB</b>	<b>BS</b>	<b>BS</b>	<b>BS</b>	<b>BS</b>									

**Comments:**

Week 3 (3c)- Satisfactory during Infusion Center clinical experience and with discussion via CDG posting. AR

Week 4 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

Week 5(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Competency 3e was all to a “NA” rating because this competency is for patient management. CB

Week 6(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 7- 3b- Good job during debriefing discussing quality improvement, core measures, and the importance of documentation. BS

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

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

**Comments:**

Week 2- I had a patient in cardiac diagnostic. He was there to get a cardioversion. At the time his wife was in the hospital on 3T. A legal issue how be letting the wife watch the cardioversion. The nurses did allow it, but she wasn't on the floor for about an hour and missed her 12pm medication. **This is an interesting situation that could pose both legal and ethical concerns. Thanks for sharing. AR**

Week 3- This week I was at the infusion center. I didn't see any legal or ethical, but I can give an example of something that could happen if the nurse didn't take the proper steps for infusions. We had a patient getting 2 units of PRBC. One the second unit of blood the nurse could have skipped the second nurse verification because they already did it before with the first unit of blood. The second nurse verification is to make sure that the right blood is going to the right patient. It is using the 67right of medication: right patient, medication, dose, route, time, reason and documentation. **This is a good example and could definitely pose significant legal concerns, along with potential altered patient outcome. AR**

Week 4- This week I was at special produces. There was a woman that was allergic to contrast dye and didn't know. She was given contrast dye and she started having an allergic reaction. This could have been a legal issue if the patient went into anaphylaxis and died. **It could lead to a legal problem, however if she wasn't aware she had an allergy, and the staff weren't aware, they wouldn't have been held liable. AR**

Week 5- After talking to my patient, I learned she lives at home alone, in a two-story house. Her daughter lives on the same road, and she stops by daily to help her mother get food, cook, wash her body and etc. The patient has severe weakness and was denied for therapy at Firelands. This could become an ethical issue because the daughter may not be able to care for her mother alone. Also, the patient has a pleurX cath, that the patient's granddaughter has been draining for her every other day at

\*End-of- Program Student Learning Outcomes

home. The granddaughter is a nurse, but it still is an infection risk. Nadia, this situation could also become a legal issue, because your patient is possibly neglected by not receiving the care that she actually needs, around the clock. CB

Week 5(4c): Nadia, this competency was changed to a “NI” due to the conversation we had on Tuesday morning about holding your patient’s furosemide and you telling me that you talked to the bedside RN. After talking to the bedside RN and informing you that she wanted the medicine given and she never had a conversation with you, you then said it was during report. It is very important that each nurse does their own assessment and interventions based on what is going on with the patient then. This is a patient safety concern and not receiving medication that was needed, could potentially cause a longer hospital stay. CB

Week 6- This situation maybe could lead to an ethical issue. My patient was taking medication that was not prescribed to him. My patient say he looked on google to see how to take the medications. The friends condition could be entirely different from the patients making it potentially dangerous. Luckily the patient is fine and was educated not to take any medication that was not prescribed to him, due to this risk. This could have been a lot worse than it was, great example. CB

Week 7- The patient is on a ventilator and is unable to make any chooses for himself. He lives with his stepdaughter and doesn’t speech with his other family members. The mother of the stepdaughter passed away. This can cause legal issues because the daughter is only my marriage and can make not legal chooses for the patient. Good issue, Nadia, and a common one that needs to be addressed in the ICU environment. Hopefully when the patient recovers he can address the issue for when decisions need to be made in the future. BS

**Objective**

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

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

**Comments:**

Week 2 (5c)- I changed this competency to satisfactory because there are many safety factors you will encounter, especially when starting IV's and participating in procedures while in Cardiac Diagnostics. The cardioversion, along with the patient's wife wanting to be present even though she is an inpatient, is a safety concern. AR

Week 4 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 5(5c,e,f): 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. You did a great job utilizing my feedback from Tuesday and improving on your med pass on Wednesday. CB

Week 6(5c): Great job discussing factors that create a culture of safety related to your patient in your cdg. CB

Week 7- 5a,b- You performed well in the clinical setting this week, Nadia. You seemed to gain some comfort by the second day. You were also able to observe several bedside procedures this week, including an intubation, a thoracentesis, and an EGD with variceal banding. 5c- Nice job discussing steps you took to create a culture of safety for your patient this week. BS

**Objective**

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)\*

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

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

**Comments:**

Week 2 (6f)- Satisfactory discussion via CDG posting related to your Cardiac Diagnostics clinical experience. Keep up the great work. AR

Week 3 (6c,f)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Keep it up. AR

Week 4 (6f)- Satisfactory CDG postings related to your Special Procedures clinical and Quality Assurance/Core Measures observation. Keep up the good work. AR

\*End-of- Program Student Learning Outcomes

Week 5(6d,e): Competency 6d was changed to a “S” because you did a great job this week giving hand-off report to the bedside RN before we left the unit each day. You also did a great job with documentation for your patient, being thorough and timely. Great job on your cdg this week, completing your care map Satisfactorily. CB

Week 6(6a,b,c,d,f): Great job this week collaborating and communicating with peers and bedside nurses to achieve optimal patient outcomes. Great job in debriefing discussing education that your patient would need prior to discharge. Good job with your documentation this week, it was very thorough and completed on time. Good job giving a hand-off report on your patient in debriefing. You scored 26/30 per the 4T hand-off report grading rubric, please see my comments below. Excellent job on your cdg, meeting all requirements. CB

Week 7- 6f- You did a great job on your pathophysiology CDG this week. BS

**Objective**

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S									
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S									
c. Comply with the FRMCSN "Student Code of Conduct Policy." <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S									
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S									
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>CB</b>	<b>CB</b>	<b>BS</b>	<b>BS</b>	<b>BS</b>	<b>BS</b>									

**Comments:**

Week 4 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Week 6(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Bleeding associated with antiarrhythmic drugs in patient with atrial fibrillation using direct oral anticoagulants: A nationwide population cohort study." 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 7- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Great work this first half of the semester! Keep it up, almost there! BS

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name: <b>Nadia Drivas</b>		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: <b>2/4-5/2025</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	<b>Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. My only suggestion for this portion of your care map is that you need to be specific. Heart rate irregular, what is the heart rate? You should also include the patient's telemetry in the lab/diagnostic box.</b>
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	<b>Great job listing nursing priorities for your patient, but you should include all nursing diagnosis that relate to your patient. Suggestions would include acute pain, risk for adult pressure injury, self-care deficit (toileting, bathing), decreased activity intolerance, excess fluid volume, imbalanced nutrition, impaired physical mobility, impaired skin integrity, risk for adult falls, risk for decreased cardiac tissue perfusion, risk for electrolyte imbalance, risk for infection, and risk for thrombosis. You did a great job correlating all of your abnormal</b>
	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	

\*End-of- Program Student Learning Outcomes

							assessments to your priority problem of impaired gas exchange. My only suggestion is highlighting WBC, Hbg, and the risk factor of A. fib RVR because these all can relate to impaired gas exchange. Good job listing potential complications of your priority problem including signs and symptoms to monitor for, but pleural effusion would not be a potential complication, your patient already has that problem.
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing all relevant nursing interventions related to your patient's priority problem. You included a rationale for each intervention, but make sure that you include a frequency. Your interventions were realistic and prioritized for your patient. The only suggestions I have for interventions would be to include oral care and education on medications, coughing and deep breathing, and the pleurX cath.
	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	
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3		
	<b>Criteria</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Points Earned</b>	<b>Comments</b>
<b>Refl</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Good job reflecting on abnormal assessment findings.

ecting	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	The only thing I would suggest for this area is to make sure that you are specific in your reassessment findings. What is the HR? What is the SpO2 and is the patient still on O2 or room air. I agree that continuing the plan of care is appropriate for your patient.
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**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: Nadia, good job with your care map. Keep up all of your hard work! CB**

**Total Points: 44/45**

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**Faculty/Teaching Assistant Initials: CB**

Care Map Evaluation Tool\*\*  
AMSN  
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/4-5/2025	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: Great job on your care map, please review my feedback on the rubric above. CB

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

**Student Name:** N. Drivas

**Clinical Date:** 2/18-2/19/2025

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> Great job providing a description of your patient's current diagnosis and past medical history.</p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> Great job providing a detailed description of the pathophysiology of your patient's current diagnosis (acute respiratory failure).</p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> You did a nice job correlating the patient's current diagnosis with all his presenting signs and symptoms.</p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments:</b> Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.</p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments:</b> All patient's relevant diagnostic tests and results included with rationales provided for each. Nice 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><b>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</b></p>	<p><b>Total Points: 9</b>  <b>Comments:</b> You did a nice job correlating the</p>

<ul style="list-style-type: none"> <li>• All related medications included (3)</li> <li>• Rationale provided for the use of each medication (3)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)</li> </ul>	<p>patient's current diagnosis with all the related medications.</p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> You did a good job correlating your patient's current diagnosis with his past medical history.</p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> Great job with your interventions.</p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)</li> <li>• Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> You did a good job discussing the interdisciplinary team members and their roles in your patient's care. You also discussed additional members that may be involved as his condition improves.</p>
<p>Total possible points = 65  51-65 = Satisfactory  &lt; 51 = Unsatisfactory</p> <p><b>Course Objective:</b> 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 65/65 Satisfactory. BS</b>  <b>Comments: Great work, Nadia! BS</b></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:** Nadia Drivas **Date:** 2/12/2025

**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
<b>Introduction Safety (1,2)*</b>	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
<b>Situation (3)*</b>	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
<b>Background (4)*</b>	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. <b>Missing some information related to past medical and surgical history.</b>	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	3
<b>Assessment Laboratory/Diagnostic Testing (5)*</b>	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. <b>Communicates laboratory and diagnostic findings but information is not specific.</b> 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.	3
<b>Actions (4,5)*</b>	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
<b>Communication Prioritization (1,4,5,6)*</b>	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
<b>TOTAL POINTS</b>				<b>26/30</b>

\*End-of- Program Student Learning Outcomes

**Faculty Comments:** \_\_\_\_\_

Good job giving hand-off report on your patient! Remember to always relay all testing and pertinent labs to the next nurse and the patient history.

\_\_\_\_\_  
**Faculty Signature:** Chandra Barnes, MSN, RN **Date:** 2/12/2025

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

<b><u>Simulation Evaluation</u></b>								
	<b>Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*</b>	<b>Week 8: Dysrhythmia Simulation (see rubric) (1, 2, 3, 5, 6, 7)</b>	<b>Junetta Cooper (Pharmacology) (1, 2, 6, 7)*</b>	<b>Mary Richards (Pharmacology) (1, 2, 6, 7)*</b>	<b>Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*</b>	<b>Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*</b>	<b>Carl Shapiro (Pharmacology) (1, 2, 6, 7)*</b>	<b>Comprehensive Simulation (see rubric) (1, 2, 3, 4, 5, 6, 7)</b>
Performance Codes:  S: Satisfactory  U: Unsatisfactory								
	<b>Date:</b> 2/14/2025	<b>Date:</b> 2/24-25/2025	<b>Date:</b> 2/28/2025	<b>Date:</b> 3/14/2025	<b>Date:</b> 3/21/2025	<b>Date:</b> 3/27/2025	<b>Date:</b> 4/7/2025	<b>Date:</b> 4/7/2025
Evaluation	<b>S</b>	<b>S</b>	<b>U</b>					
Faculty Initials	<b>CB</b>	<b>BS</b>	<b>BS</b>					
<b>Remediation: Date/Evaluation/ Initials</b>	<b>NA</b>	<b>NA</b>						

\* Course Objectives

**Comments:**

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Davondre Harper, Kennedy Baker, Nadia Drivas, Katherine Shirley

GROUP #: 5

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 25, 2025 0800-1000

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<b>NOTICING: (1,2)*</b>	Noticed patient heartrate of 50. Noticed patient's EKG changes (sinus bradycardia, 2 <sup>nd</sup> degree type 2, and 3 <sup>rd</sup> degree heart block). Noticed patient's

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>• Focused Observation: E A D B</li> <li>• Recognizing Deviations from Expected Patterns: E A D B</li> <li>• Information Seeking: E A D B</li> </ul>	<p>SpO2 92% on RA. Noticed patient's complaints of being "tired" and nauseous.</p> <p>Noticed patient has a cough. Noticed patient's heartrate of 169. Noticed patient's low blood pressure 96/56. Noticed patient's low SpO2 91% on RA. Noticed patient with increased shortness of breath and cough after fluid bolus.</p> <p>Noticed patient not responding to introduction. Noticed patient is pulseless.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E A D B</li> <li>• Making Sense of Data: E A D B</li> </ul>	<p>Interprets EKG rhythm as sinus bradycardia which then switched to 2<sup>nd</sup> degree type 2. Interpreted EKG rhythm changed from 2<sup>nd</sup> degree type 2 to 3<sup>rd</sup> degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 0.4-1mg IVP.</p> <p>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 25 mg IV bolus to be given over 15 mins, then continuous diltiazem drip at 10mg/hr. Interprets patient's complaints of shortness of breath and cough is due to fluid bolus. Interprets patient's lung sounds as crackles.</p> <p>Interprets EKG rhythm as ventricular tachycardia. Interprets correct medication for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.</p>
<p><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.8-50-22-104/50. SpO2 92% on RA. Applied 2L oxygen per nasal cannula and raised head of bed. Palpated radial pulse of 48. Completed a focused cardiovascular assessment (including detailed questions about cardiovascular history, medications, symptoms). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 0.4mg IV push given- reassessed patient and vital signs. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2<sup>nd</sup> degree type 2 and 3<sup>rd</sup> degree heart block).</p> <p>Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm, and complaints of "there is a horse racing in my chest". Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Normal Saline 0.09% 1000mL bolus given for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Placed patient on a nonbreather for increased oxygen needs. Notified healthcare provider of patient with signs and symptoms of fluid overload. Recommends cardioversion.</p>

	<p>Introduced self and role. Asked patient name/dob/allergies. Checks pulse. Placed patient on the monitor. Begins CPR and bagging. Code blue called. Administered Epinephrine 1mg IV push. Applied fast patches to patient and ready to defibrillate patient.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E A D B</li> <li>Commitment to Improvement: E A D B</li> </ul>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication!</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li><b>Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*</b></li> <li><b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> </ul>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly</p>

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul>	<p>but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>Satisfactory completion of the simulation scenario. Great job! BS</p>
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Firelands Regional Medical Center School of Nursing  
 Skills Lab Evaluation Tool  
 AMSN  
 2025

\*End-of- Program Student Learning Outcomes

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Lab Skills</b>									
	<b>Meditech Document</b> (1,2,3,4,5,6)*	<b>Physician Orders/SBAR</b> (1,2,3,4,5,6)*	<b>Prioritization/Delegation</b> (1,2,3,4,5,6)*	<b>Resuscitation</b> (1,3,6,7)*	<b>IV Start</b> (1,3,4,6)*	<b>Blood Admin./IV Pumps</b> (1,2,3,4,5,6)*	<b>Central Line/Blood Draw/Ports</b> (1,2,3,4,6)*	<b>Head to Toe Assessment</b> (1,2,6)*	<b>ECG/Hand-off report/CT</b> (1,6)*	<b>ECG Measurements</b> (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/BS/ CB	AR	CB	BS/DW	BS	FB
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

**Comments:**

**Meditech Documentation:** Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

**Physician Orders/SBAR:** Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. 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:

ar 11/15/2024