EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Karli Schnellinger

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)
2/14/2025	1H	Didn't complete vSim by due date/time	2/14/2025 1H

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S								
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	NA	NA	NA	NA	NA	**S**	S								
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	NA	NA	~~NA~~ S	NA	NA	**S**	S								
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	NA								
e. Administer medications observing the seven rights of medication administration. **(Responding)**	S	S	S	~~NA~~ S	NA	NA	NA	NA	**S**	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	NA	NA	S	NA	NA	NA	NA	**S**	S								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S								
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									
Clinical Location	4N	3T	3T	DH	QC	PD/SH				IS								

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

Week 3 (1a,b,c)- Satisfactory with managing three patients during your patient management clinical experiences this week! Great job! FB

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 5 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

*End-of- Program Student Learning Outcomes

Week 7 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” Great job. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 3 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Good work. AR

Week 7 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical experience, with documentation, and 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: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	NA	NA	**S**	S								
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**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 4a: While on clinical, I did not notice any ethical or legal issues, however, I was able to go into a room with my nurse and the doctor to watch the patient sign a consent for surgery. This could have turned into an ethical issue, because had the nurse not gone in and witnessed the patient sign the consent form for the doctor, it would be questionable if the patient really signed it for themselves. Although the nurse cannot answer specific questions about the surgery, they were able to clarify some of the questions the patient may have, and also be a patient advocate. It was a good experience to be able to witness this because I have never had that opportunity before, and it was interesting to see how nurses are the ones responsible for witnessing a consent being signed.

Week 2 (4a)- Great example of a legal issue. As the RN we are there to witness, it is the physician's responsibility to discuss the procedure and any risks or complications with the patient. The patient must also be competent and not under the influence of any mind-altering medications. FB

Week 3 4a: I was able to notice a legal issue regarding one of my patient's. The issue was that the patient was calling members of his family and informing them about parts of his condition, but his he was slightly confused, they were not getting all of the information they wanted. Although it is okay for the patient to do this, this led to issues with his guardian, who was listed as his contact. Since she was the only one listed, she was the only one who received the code to be able to call his nurse and obtain information. The family members were trying to call in and get information from the nurse and an explanation as to why they were not listed as the contact, however, the nurse was not allowed to share any information, and said it was up to the patient to decide who was on the contact list. As a nurse, we are only allowed to give patient information to those who are on the list due to HIPPA. Great example, the patient is the one to decide who receives information. Often times individuals get irritated with nurses because we cannot give them information. If the patient is confused than the contact person should be the one to give the rest of the family information if appropriate. As healthcare professionals we can be fined, or terminated from our job. FB

Week 4 4a: One of the patients I was caring for a 92-year-old female with dementia. The doctor tried to go into the room and discuss changing the patients code status from a full code to DNR to her family members, however, the family wanted to keep her a full code. Although the doctor and nurses may think it is best for the patient and the family to switch her code status, it is legally up to the legal guardian and family to make that decision since the patient is mentally not able to make the decision

*End-of- Program Student Learning Outcomes

for herself. Therefore, we have to follow what the family says regarding her code status, even if some do not agree with it. Correct we can provide education and list consequences, but we must leave our judgements out of the conversation. It is sometimes difficult especially if the patient may suffer from the actions the family insist on putting their loved ones through. FB

Week 5 4a: While at digestive health, the biggest legal and ethical issue that I noticed were the consent forms. The nurse would go into the patient's room and get everything ready for the procedure such as getting vitals, asking questions about their history, and starting an IV and fluids. Once they were done, they would leave a clipboard at the table at the end of the bed that had the consent form on it that the doctors needed to come in and have the patient sign. This could turn into a legal issue not only if the nurse would allow the patient to sign it, but also if the doctor performing the surgery does not explain the procedure to the patient. They have every right to know what the procedure is, and what to expect from it. This is a perfect example of a potential problem in the Digestive Health setting. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 4a: I think the quality assurance clinical was a great way to see the ethical and legal issues that can occur within healthcare. The main one that I kept hearing be repeated by the nurses was the need for correct and accurate documentation. They explained times where nurses do not document things correctly, and how they have been taken to court months or even years later and their documentation is questioned. This could lead to a nurse losing their license because even if they did not mean to document what they did or they forgot to document something, what is in the chart is what says was done or not done regardless if it is mistaken or not. Nurses should always be checking their documentation before hitting "save" so that way they feel confident that their charting would back them up if anything would happen. This is an extremely important topic and one that has gotten many, many nurses and healthcare workers in trouble. The importance of accurate and complete documentation is vital for so many reasons. Perfect example and explanation. AR

Week 7 4a: I found the patient advocate and discharge planner clinical experience was very interesting, and I feel like I learned a lot, especially regarding legal and ethical issues. The patient advocate mentioned that often times she will get pulled into the ethical committees to discuss some of the issues regarding the patient. An issue that I was able to witness while with the patient advocate was that she received a phone call from a family member of a patient who had not received her results from a PET scan that was done more than 2 weeks ago. I believe this could easily turn into a legal issue because say the patient would die due to complications from whatever the PET scan might be showing. Due to the physician not following up with the patient and relaying the results, that could indicate that nothing was done to prevent a death. This is certainly a big concern. It's good that the patient reached out. Hopefully the Patient Advocate was able to quickly contact the physician's office and have them notify the patient of the results. Great example. AR

Week 9 4a: During my time at the infusion center, I found the biggest legal issue to be about insurance. Most of the medications these patients are receiving are thousands of dollars, and if they do not have the insurance to pay for it, things can get pretty messy legally, since they can not pay for the treatment. Another thing would be that one of the patients we cared for was a homeless man who came in every week for treatment for a wound on his ankle. He mentioned that he has Medicaid, which helps pay for the visit, and it is our responsibility to never turn anyone away from the door that is seeking treatment, because it could then turn into something legal or even ethical.

Objective

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

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

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Excellent in all areas. Student goals: Be able to feel comfortable taking on more than one patient and manage time well. Additional Preceptor comments: “Karli did a wonderful job with her patient today: excellent assessment and medication administration skills as well as great patient education.” SV/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: “Understand patients’ lab results more and why they’re pertinent to the patient’s status.” Additional Preceptor comments: “Did an amazing job! First time doing compressions today and kept it consistent did well with criticism to help her become an amazing nurse.” LC/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas. Student goals: “My goal

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for next clinical is to try to seek out opportunities to start an IV, that way I can try to get more practice in the hospital setting." No additional preceptor comments." DS/FB
Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Excellent in all areas, except satisfactory for manager of care: delegation. Student goals: "Continue practicing time management skills tonot get overwhelmed." No additional Preceptor comments. JF/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Excellent in all areas, except manager of care: delegation. Student goals: "Work on delegating tasks to help to decrease my workload." No additional Preceptor comments. JF/FB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the great work. AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: "Karli gave a very thorough and detailed report to the oncoming night shift nurse. Keep up the great work you're doing, Karli!" SV/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

*End-of- Program Student Learning Outcomes

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) Great job with determining an educational plan for one of your assigned patients. Educational plan was thorough with all areas of CDG expectations met. FB

Week 6 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

Week 7 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep up the great work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									

Comments:

Week 3 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Week 6 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Midterm: You have done a great job in all clinical experiences during the first half of the semester. Keep up the great work as you complete the course. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

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Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback. **Students that are not satisfactory after these 2 attempts will be required to meet with course faculty for remediation.**

Comments:

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

Student Name: **Clinical Date:**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** **Comments:**
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** **Comments:**
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:** **Comments:**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points:** **Comments:**
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	**Total Points:** **Comments:**
6. Correlate the patient's current diagnosis with all related	**Total Points:**

*End-of- Program Student Learning Outcomes

medications. (9 points total) • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**Comments:**
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points:** **Comments:**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** **Comments:**
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points:** **Comments:**
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** **Comments:**

Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____ **Date**: _____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

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

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Faculty Comments: _____

_____

_____

Faculty Signature: _____ **Date:** _____

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

Simulation Evaluation 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	U	S	S					
Faculty Initials	AR	AR	AR					
Remediation: Date/Evaluation/ Initials	S 2/14/2025 AR	NA	NA					

* Course Objectives

Comments:
2/14/2025- Unsatisfactory for vSim Rachael Heidebrink due to not completing it by the due date and time. AR
2/14/2025- Satisfactory remediation of vSim due 2/14/2025. Completed following all established guidelines on the AMSN Course Syllabus. AR
Week 8 Simulation: See rubric below. AR

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Cameron Beltran, Kaiden Troike, **Karli Schnellinger**
GROUP #: 4
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 24, 2025 1430-1630

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Identifies patient, establishes orientation. VS and assessment, patient on monitor. Inquires about symptoms. Notices slow HR, low SpO2. Noticed abnormal lung sounds. Patient reassessed following atropine. Notices SpO2 still low. Notices new heart rhythm. Patient CO palpitations, dizziness. Notices elevated HR, low SpO2. Notices abnormal heart rhythm. Patient CO being SOB. Noticed s/s of fluid overload, bolus paused. Suspecting a PE. Notices unresponsive patient. CPR initiated. 1 mg epinephrine
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Heart rhythm determined to be sinus tachycardia. SpO2 determined to be low and in need of oxygen. Lung sounds determined to be crackles. SpO2 determined to still be low, O2 increased. Rhythm interpreted to be 2nd degree type 2 AV block. Rhythm changed again- interpreted to be 3rd degree AV block. Interprets heart rhythm to be a-flutter, then SVT. Reinterpreted to be a-fib. SpO2 still low following O2- setting increased. Patient CO of being dizzy. Recognized the need to monitor lung sounds as 1000 bolus is infused. Lung sounds- crackles. Interprets the need for CPR, epinephrine, defibrillation.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	O2 initiated via NC. Call to HCP to request orders, recommends atropine for bradycardia. Order received and read back. Atropine prepared and administered. Increases O2. Call to HCP to suggest transcutaneous pacing, fluid bolus. HCP asks if any additional medications could be utilized for symptomatic bradycardias- epinephrine (dopamine could also be used). Patient on monitor. Call to HCP, reports a-fib and requests betablocker medication, potentially cardioversion- then suggests diltiazem. Dose for bolus provided also for drip. Diltiazem prepared, bolus and drip calculated correctly. Patient asked if she would consent to a cardioversion. O2 increased. Call to HCP to report diltiazem did not convert. SBP down to 80. Diltiazed

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	dc'd. NS bolus recommended. Order received for 1000 ml hr bolus. (remember to read back. Patient identified and bolus initiated. Call to HCP to report suspected fluid overload. Order for furosemide, cardioversion. CPR initiated immediately. Amiodarone discusses as an alternative to epinephrine in a code blue situation. Remember to call a code blue.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients**	Lasater Clinical Judgement Rubric Comments: 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 Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs 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 Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Interventions are tailored for the individual patient; monitors patient progress

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who are experiencing dysrhythmias. (1)* • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*** You are satisfactory for this scenario. Nice work! BS	closely and is able to adjust treatment as indicated by patient response Displays proficiency in the use of most nursing skills; could improve speed or accuracy Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

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Skills Lab Evaluation Tool
AMSN
2025

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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	BS/DW	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

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

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

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 11/15/2024

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