EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Ava Lawson

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:
Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:
Clinical Assignments
Completion of Patient Care
Meditech Documentation
Observation of Clinical Performance
Evaluation of Clinical Performance Tool
Onsite Clinical Debriefing
Clinical Discussion Rubric
Preceptor Feedback
Nursing Care Map Rubric
Skills Lab Checklists/Competency Tool
Lasater Clinical Judgment Rubric
Virtual Simulation scenarios
Pathophysiology Grading Rubric
SBAR/Physician Orders Rubric
Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

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

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

*End-of- Program Student Learning Outcomes

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

Week 6 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Showed professionalism and compassion for our patients today.” (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in all areas. Excellent IV starts!” Great job! AR

Week 7 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in all areas. Observed bone marrow biopsy and paracentesis, had multiple successful IV starts with lab draws and also observed port access.” 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	N/A	S	S	NA	NA	**S**	S								
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	S	S	NA	NA	**S**	S								
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	S	S	NA	NA	**S**	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	S	S	S	N/A	N/A	N/A	NA	NA	**S**	N/A								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	N/A	S	S	NA	NA	**S**	S								
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									

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

Comments:

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

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

Week 4- 2a- You did a nice job correlating the relationships among your patient's disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete a care map for your patient. 2b,c,d- Nice job during debriefing also, where you

*End-of- Program Student Learning Outcomes

provided two priority nursing diagnoses for your patient, discussed how you monitored for potential risks and anticipated possible complications, and discussed recognizing changes in patient status and how you responded. BS
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*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)**	~~N/A~~ S	S	S	N/A	S	S	NA	NA	**S**	S								
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~N/A~~ S	S	S	S	S	S	NA	NA	**S**	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	N/A	S	S	S	S	NA	NA	**S**	S								
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	S	S	S	N/A	S	S	NA	NA	**S**	S								
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	N/A	N/A	N/A	N/A	N/A	N/A	NA	NA	**NA**	N/A								
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. CB
Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB
Week 4- 3b- Good job during debriefing discussing quality improvement, core measures, and the importance of documentation. BS

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

Week 6 (3c)- Satisfactory CDG posting related to your Infusion Center clinical. Keep it up. AR
Week 9 (3e): Reason for N/A: I only took 1 patient at a time although I had 2 different patients during this day.

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	N/A	S	S	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	**CB**	**CB**	**BS**	**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:

4a week 2: This week on clinical, we got to hear about an interesting case on 4C. This was not my patient but it is a good example of an ethical issue in healthcare. This patient had came in with cardiac arrest for a fentanyl overdose. She had been on the ventilator and had been pronounced brain dead. The family did not want to take her off the ventilator even though she was brain dead. Healthcare teams must navigate these issues while balancing medical & ethical principles, and the family's emotional and cultural needs. Clear communication, ethical consultations, and support systems for both the family and the healthcare team are very important in resolving these difficult cases while ensuring that patient care remains respectful, compassionate, and aligned with medical standards. This is why it is important to have your living wishes written out on documents so your family will know what you would have wanted and so they can navigate the situation without any conflicts. Great job, Ava! This is very important, that is why education is so important when it comes to these topics. CB

4A week 3: This week on clinical, another student delt with a situation regarding the patient trying to take his own medication on top of what the hospital's doctors were prescribing for him. He had a very long list of home medications that he was taking daily. He also had multiple doctors telling him different things about all the medications and even telling him to stop taking certain ones while he was staying in the hospital. It seemed very complicated. This can cause many problems for not only the patient but the doctors trying to take care of him and formulate a plan of care. This can also be a huge problem for the nurses because now you are constantly worried about him possibly overdosing on certain medications while in your care because you don't know what he is taking when you leave the room. This can create a big legal issue especially if notes are not made about this situation. It is important to make sure that all of his doctors and nurses are made aware of this to try to prevent it from happening. We could also put a telesitter in the room to ensure that the wife is not bringing him anymore medications from home. Ava, great job discussing a legal issue that was going on with another student's patient and how this could become something horrific if not handled properly. CB

4A Week 4: This week on clincal my patient had a history of ETOH abuse and she drank 16 beers and a small bottle of vodka per day. She had decided that she was going to stop drinking and become sober. On day 2, her family noticed that she was becoming more and more confused so they decided they would bring her into the

ER. Soon enough, she had to be intubated to protect her airway because of her withdrawal symptoms. Ethically, a healthcare provider has to prevent harm and to manage withdrawal symptoms in a way that reduces risk to this patient. The confusion that led to intubation could have been an early sign of serious complications, such as DTs or alcohol-induced seizures. The patient had a plan to go to an in-patient rehab unit. I do not think the patient was aware of these side effects of alcohol withdrawal and maybe if she had been made aware before she decided to quit cold turkey, we could have prevented further complications.
Week 4- 4a- Great example, Ava. Alcohol withdrawal can be very severe, even fatal for some. With this degree of alcoholism, withdrawal should be attempted in a hospital where symptoms can be managed and her condition monitored. With medications, and in this case intubation, many of the severe symptoms can be managed in a much safer way. I agree that her initial confusion was likely the beginning of her withdrawal symptoms, and would likely get way worse as the hours and days progressed. BS

4A Week 5: This week during my core measures clinical, one of the things we talked about was the use of restraints. Medical restraints, physical or chemical, often interfere with a patient's autonomy. When restraints are used without a patient's consent, it raises ethical concerns about respecting the individual's right to make their own choices. The overuse or misuse of restraints in the vulnerable populations such as elderly patients with dementia or adults with psychological disorders can be viewed as neglect or abuse. Legal standards ensure that restraints should only be used as a last resort, and healthcare providers may face legal consequences if it is found as excessive or unnecessary. While medical restraints may be necessary in certain clinical situations to ensure patient safety, their use raises many ethical and legal issues. Healthcare professionals must be well-trained, make thoughtful decisions about when to use restraints, ensure proper monitoring, respect patient autonomy, and follow all legal requirements to prevent harm. This ensures that patients' rights are protected while maintaining safety within clinical settings. This is an excellent topic that can pose many issues and concerns. Good job with your explanation. AR

4A Week 6: One of the major ethical issues in the clinical setting of the infusion center is the high cost of medications, which can make it difficult for patients to afford the prescriptions they need. Many patients without adequate health insurance or in lower-income brackets, may be unable to afford these life-saving medications. This can lead to serious ethical concerns because healthcare providers may have to make difficult decisions regarding the best course of treatment, knowing that patients might not be able to follow through due to financial problems. This is an excellent example for the Infusion Center, and also very sad. The points you brought up are relevant to so many people. AR

4A Week 7: One of the most important legal issue in the special procedures clinical is obtaining informed consent**.** Patients must fully understand the procedure, the risks involved, and possible alternatives. Legally, this is essential to avoid accusations of negligence or battery. There are times where patients may not be fully informed or understand the risks. This can be due to medical terms, language barriers, or time constraints in the clinical setting. For a bone marrow biopsy, which is invasive and has risks such as infection, bleeding, and pain, ensuring clear communication is crucial. Failure to obtain proper informed consent could lead to legal action and a breakdown of trust between healthcare providers and patients. Not obtaining informed consent for invasive procedures done in the Special Procedures department is definitely a legal concern. This is a perfect example with excellent explanation. AR

4A week 9: An issue I discussed with a patient this week on 4N was that she was expressing to me how she had just gotten surgery and they wanted to discharge her yesterday but she refused to be discharged because she did not feel comfortable enough to care for herself at home. Discharging patients too soon from a surgical floor is a significant ethical and legal issue. When patients are sent home before they are fully ready or comfortable, it can result in complications, readmissions, and even harm for the patient. I understand the issue of the hospital being full and needing beds but sending patients home that are not ready yet can result in worse complications than if we would have just kept them for 1 more night. One of the most important principles in healthcare ethics is autonomy. If patients are discharged too soon and feel uncomfortable or unprepared, their autonomy is negatively affected.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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	S	S	NA	NA	**S**	S								
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S								
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	S	S	S	S	S	S	NA	NA	**S**	S								
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									

Comments:

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

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

*End-of- Program Student Learning Outcomes

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2(6d): Excellent job with your hand-off report, you were Satisfactory scoring a 30/30 per the hand-off report rubric. You provided a very thorough and detailed report on your patient, good job! CB
Week 3(6a,b,c,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB
Week 4- 6a,b,c,f- You did a good job working together with your assigned nurse and fellow student to provide safe nursing care to your patient this week. You also did a great job on your care map this week. BS

Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Keep up the great work. AR

Week 6 (6c,f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Infusion Center clinical experiences. Keep up the great work. AR

Week 7 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep it up. 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	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**									

Comments:

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

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

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

Week 5 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the good work. AR

Midterm- Keep up the great job during your clinical experiences during the remainder of the semester. AR

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: A. Lawson **Date or Clinical Week:** Week 4				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors. I would only suggest that the non-responsive to painful stimuli should be highlighted, as it's caused (to an extent) by her sedation due to the intubation, due to the impaired gas exchange. Plus, you could have showed some improvement in your evaluation. You listed potential complications related to your
	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

							priority problem and s/sx to go along with them.
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job with specific, prioritized, individualized interventions for your patient that included a frequency and rationale.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Great job on your Care Map, Ava! BS

Total Points: 45/45 Satisfactory. BS

Faculty/Teaching Assistant Initials: BS

*End-of- Program Student Learning Outcomes

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/29-1/29/2025	Impaired gas exchange	Satisfactory/BS	NA/BS

Care Map Evaluation Tool**
AMSN
2025

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: **Ava Lawson** **Clinical Date:** **1/14-15/2025**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) -2 • Past Medical History (2) -2	**Total Points: 4** **Comments:** Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6) -6	**Total Points: 6** **Comments:** Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) -2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) -2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) -2	**Total Points: 6** **Comments:** All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) -3 • Rationale provided for each lab test performed (3) -3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) -3	**Total Points: 12** **Comments:** Excellent job, Ava! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results	**Total Points: 12** **Comments:** Excellent job! All relevant diagnostic test were included with rationales. Normal findings were

*End-of- Program Student Learning Outcomes

included (3) -3 • Rationale provided for each diagnostic test performed (3) -3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) -3	included and an explanation of how each test correlates to the patient's diagnosis.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3) -3 • Rationale provided for the use of each medication (3) -3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) -3	**Total Points: 9** **Comments:** Great job including all medications, all information is detailed and accurate.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) -2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) -2	**Total Points: 4** **Comments:** Great job correlating the patient's past medical history with current diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6) -6	**Total Points: 6** **Comments:** All pertinent nursing interventions are prioritized and you provided detailed rationales.
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)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) -2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) -0	**Total Points: 4** **Comments:** Ava, you did not identify additional interdisciplinary team members that should be included in your patient's care, therefore you are only scoring 4/6 in this section.
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	**Total Points: 63/65** **Comments:** Excellent job, Ava! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB

*End-of- Program Student Learning Outcomes

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

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: _____Ava Lawson_____ **Date**: ___1/15/2025_____

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.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
	Communicates and prioritizes any	Communicates all information but	Overall communication of hand-	5

*End-of- Program Student Learning Outcomes

Communication Prioritization (1,4,5,6)*	outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	is slightly disorganized in presentation.	off report needs improvement. Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	30/30

Faculty Comments: Great job! You were very detailed and gave a very thorough hand-off report. _____

_____

Faculty Signature: **Chandra Barnes, MSN, RN** **Date:** **1/15/2025**

*End-of- Program Student Learning Outcomes

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

* Course Objectives

Comments:
Week 8 Simulation: See rubric below. AR

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Ava Lawson**, Dylan Wilson, Laurel Sieger
GROUP #: 7
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 25, 2025 1230-1430

CLINICAL JUDGMENT COMPONENTS					**OBSERVATION NOTES**
NOTICING: (1,2)*					Noticed patient heartrate of 49. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 92% on RA. Noticed patient's complaints of being "tired" and having an "uneasy" belly. Noticed patient has a cough. Noticed patient's heartrate of 160. Noticed patient's low blood pressure 93/56. Noticed patient's low SpO2 92% on RA. Noticed increased dizziness and decreased blood pressure after diltiazem is administered. Noticed patient not responding to introduction. Noticed patient is pulseless.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 1mg IVP. 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 EKG rhythm as ventricular tachycardia. Interprets correct medication for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.8-49-22-104/60. SpO2 92% on RA. Applied 2L oxygen per nasal cannula and raised head of bed. Performs head to toe assessment. Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 1mg IV push given- reassessed patient and vital signs. Calmly communicates with
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/					

*End-of- Program Student Learning Outcomes

Flexibility: • Being Skillful: B	E	A E	D A	B D	patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block). 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 running through my chest". Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed vital signs (HR 163, b/p 85/43). Notified healthcare provider of patient's sustained heartrate and rhythm and decrease in blood pressure. Discussed increasing blood pressure by using an IV fluid bolus and risks for the patient (fluid overload). Recommends cardioversion. Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Checks pulse. Begins CPR and bagging. Called a MET then changed to a code blue. Administered Epinephrine 1mg IV push. Applied fast patches to patient, and defibrillates patient.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: • Commitment to Improvement:	 E E	 A A	 D D	 B 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**					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 most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

*End-of- Program Student Learning Outcomes

D= Developing **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients 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)***	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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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. Satisfactory completion of the simulation scenario. Great job!

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

*End-of- Program Student Learning Outcomes

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Meditech Document (1,2,3,4,5,6)*	**Physician Orders/SBAR** (1,2,3,4,5,6)*	**Prioritization/ Delegation** (1,2,3,4,5,6)*	**Resuscitation** (1,3,6,7)*	**IV Start** (1,3,4,6)*	**Blood Admin./IV Pumps** (1,2,3,4,5,6)*	**Central Line/Blood Draw/Ports** (1,2,3,4,6)*	**Head to Toe Assessment** (1,2,6)*	**ECG/Hand-off report/CT** (1,6)*	**ECG Measurements** (1.2.4.5.6)*
	Date: 1/7/2025	**Date: 1/7/2025**	**Date: 1/7/2025**	**Date: 1/7/2025**	**Date: 1/9/2025**	**Date: 1/9/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	FB	BS	CB	AR	FB/CB/ BS	AR	CB	DW/BS	BS	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

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

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! CB

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/CB/BS

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change/Ports/Blood Draw: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! DW/BS

*End-of- Program Student Learning Outcomes

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

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 11/15/2024

*End-of- Program Student Learning Outcomes