

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
1/31/2025	1H	Didn't complete Scav Hunt survey	1/31/2025 1H
2/18/2025	12 H	Patient management clinical absence d/t illness	4/9/2025 12H
2/19/2025	12H	Patient management clinical absence d/t illness	4/16/2025 12H
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:	NA	NA	NA	S	S	NA	NA	NA	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	NA	NA	S	S	NA	NA	NA	S	S								
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	NA	NA S	S	S	NA	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	NA	NA	NA	S	S								
e. Administer medications observing the seven rights of medication administration. (Responding)	NA S	NA	NA	S	S	NA	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	NA	NA	S	NA	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	NA	S	S	NA	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB									
Clinical Location	DH AND QC	NA	PD	PM	PM	SICK	sick			4P								

Comments:

Week 2 (1e,f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 4 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” Great job. AR

*End-of- Program Student Learning Outcomes

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

Week 6 (1a,b,c)- Satisfactory with managing two patients during your patient management clinical experiences this week! Try to manage at least three patients on your own during your next clinical experience. Great job! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	NA	S	S	NA	NA	NA	S	S								
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)																		
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	S	S	S	NA	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	NA	NA	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	NA S	S	NA	NA	NA	S	S								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	NA	S	S	S	NA	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB									

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

Comments:

*End-of- Program Student Learning Outcomes

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d) This competency was changed to a "S" because as you care for patients you are prioritizing the plan of care that needs to be implemented for your patient. You are using the knowledge you have gained and your clinical judgment skills based on your patient's status and needs. FB

Week 6 (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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the good work. AR

Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and with CDG posting. Great job. AR

Week 5 (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2: Although I did not witness any examples of legal issues, a few do come to mind when thinking about it. For example, not gaining consent for a procedure, like digestive health, could be a legal issue. I noticed today that once the doctors got behind in their cases, they seemed to be in a rush and did not spend as much time explaining the procedure to their patients. If gaining consent were to be forgotten, they could potentially do the procedure without it and risk something happening to the patient during it. **This is a great example and fitting for the Digestive Health setting. AR**

Week 4- While with the patient advocate, I had the opportunity to listen to a phone call that could have easily turned into a malpractice legal issue. The lady reported a bad experience in the ER with one of the doctors. She stated that they had a hard time getting an IV in her and when she asked for a break the doctor told her "Fine, then just leave." And discharged her. She then went to Fisher Titus, and they discovered that her liver was bleeding, and she needed emergency surgery. If anything were to of happened to this patient after the doctor discharged her from the ER saying she was fit to go home, the patient could have suffered major consequences. I believe the doctor was jeopardizing the patient's wellbeing by being frustrated with her, which could have easily jeopardized his license in return. **Thank you for sharing. This is a definite problem and as you said, could have resulted in legal implications (not to mention the ethical issues involved in treating a patient that way). AR**

Week 4 (4c)- You have received an unsatisfactory evaluation for this competency due to not completing the Quality Scavenger Hunt survey by the due date and time. Be sure to follow the instructions on pgs 1-2 of this tool regarding how to correctly address the "U" for your Week 5 tool. **AR**

Week 5- One ethical issue that could occur on 4 North is when delegation of a task occurs. If a PCT performs a task that they are not allowed to do, it could easily turn into a legal issue. The PCT could do it wrong and cause serious harm to the patients or themselves. It is important that the PCT and nurses know what is in their scope of practices and stay within the realm. **Great example of a legal/ethical issue. It is the responsibility of the RN when they are delegating to know the capability of the**

*End-of- Program Student Learning Outcomes

person they are asking to do a task. The person that is being delegated to should also speak up if the task is not something they have been properly trained on and within their scope of practice. FB

Unsatisfactory- I received an unsatisfactory last week for not turning in my scavenger hunt survey. I correct it this week by making sure I did all assigned tasks and turned them in in an appropriate manner. FB

Week 6- One ethical issue that could occur on 3 tower is a nurse staying to do their job even if they are sick. Many nurses are culprits for this unfortunately, but I do feel like this could become an issue. There are many patients in the hospital who are immunosuppressed and could become seriously ill if a nurse gave them care while sick. It is hard for nurses sometimes to call off when sick because they might not have the sick time left. But I have witnessed nurses coming to work sick and not wearing a mask around patients. This could be detrimental to a patient's health and could become a legal issue if they got someone sick and serious issues occurred. **This is definitely an issue, if a nurse comes to work knowing they are sick they should be wearing a mask to protect their patients and coworkers.** FB

Week 9- One ethical issue I noticed was during debriefing today. A patient was denied an MRI because they were too large to fit into the machine. I believe this is a very big ethical issue. The MRI could be a life-or-death situation for some people and if they can't fit they are expected to wait to be transferred somewhere else or try an alternative method of imaging and just hope it catches what the MRI would've caught. I do not believe this is safe and I feel as though Firelands should invest in something more inclusive for all people.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the good work. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Excellent in all areas. Student goals: “I want to be able to administer medications with minimal help from the nurse.” Additional Preceptor comments: “Tylie really did amazing today. She provided her patient with a lot of education today. She’s been very helpful all day and takes any opportunity to learn. She’ll be a great RN! KS/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: “Better time management skills so I am not rushing my assessments to complete them on time.” Additional Preceptor comments: “Keep doing what you’re doing because you’re doing really well!” HM/FB Reported on by

*End-of- Program Student Learning Outcomes

assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: "Seek more learning opportunities." Additional preceptor comments: "Take as many opportunities as you can." HM/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation, while following the CDG grading rubric. Good job. AR

*End-of- Program Student Learning Outcomes

Week 4 (6c,f)- Satisfactory CDG postings related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinical experiences. Keep up the great work. AR

Week 5 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: “I was very impressed with Tylie. Any hospital would be lucky to have her.” KS/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 6 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

Midterm- Great job during the first half of the semester. Keep it up as you complete the course! FB

*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:		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		

*End-of- Program Student Learning Outcomes

nding	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		
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: <ul style="list-style-type: none"> • 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:

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

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:

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

Student Name:

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p>	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> • 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) 	
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • 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) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among</p>	<p>Total Points: Comments:</p>

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: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	
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.	
	Communicates and prioritizes any	Communicates all information but	Overall communication of hand-	

*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	

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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

<u>Simulation Evaluation</u>								
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	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	FB	FB	FB					
Remediation: Date/Evaluation/ Initials	NA	NA	NA					

* Course Objectives

Comments:

Week 8: Satisfactory completion of Dysrhythmia simulation, see rubric below. FB

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Tylie Dauch, Anthony Drivas, Hannah Baum, Caitlin Gresh

GROUP #: 1

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 24, 2025 0800-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					<p>Identifies patient. Begins V and assessment. BP 96/52. Patient CO being tired, nauseous. Noticed low SpO2. Notices rhythm change. Patient CO being lightheaded, dizzy. Notices another rhythm change.</p> <p>Patient identified. VS and assessment begun. Monitor applied. Notices increased HR. Notices low SpO2. Patient CP feeling woozy. CO room spinning.</p> <p>Notices patient is unresponsive (with v-tach- check the pulse! (Code blue.)</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					<p>Interprets BP as being below normal. Interprets the need to apply heart monitor. Identifies sinus bradycardia. Interprets need to increase O2 to 3L. Rhythm interpreted as 2nd degree AV block, Mobitz type II. Notices rhythm change to third degree heart block.</p> <p>Heart rhythm identified as A-fib. Applies O2 in response to low SpO2. Identifies need to increase O2.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications.</p>
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					<p>Offers emesis bag. Monitor, oxygen applied. Call to HCP to update, request instruction. Suggests atropine to increase HR. Order received and not read back. O2 increased to 3L. Atropine prepared, administered, with explanation to patient. Call to HCP to report rhythm change to 2nd degree type II heart block, requests temporary pacing (transcutaneous). Order received for IV fluids- not read back. Another dose of atropine, IV fluid administered.</p> <p>Call to HCP to report A-fib and request orders. HCP asks for suggestions,</p>
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> • Being Skillful: B 	E	A	D	<p>diltiazem suggested. HCP asks for dose and it is provided. Order received and read back. O2 applied. Diltiazem bolus and drip prepared correctly and administered. O2 increased to 3L. Diltiazem explained to patient. Call to HCP to report updated symptoms. Diltiazem dc'd. Alternate medication discussed (amiodarone). IV fluid suggested- bolus ordered and read back. Bolus prepared and initiated.</p> <p>CPR initiated, 1 mg epinephrine. Patches applied.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E • Commitment to Improvement: E 	E	A	D	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Discussed the importance of reading orders back to HCP. 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 pain medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed the need for anticoagulation for someone with a-fib. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone bolus and drip). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. 				<p>Lasater Clinical Judgement Rubric Comments:</p> <p>You are Satisfactory for this scenario. BS</p> <p>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a</p>

*End-of- Program Student Learning Outcomes

<p>(1,2)*</p> <ul style="list-style-type: none"> • 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)* <p>You are satisfactory for this scenario. Nice work! BS</p>	<p>specialist or a more experienced nurse</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations 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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>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 a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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*End-of- Program Student Learning Outcomes

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

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

*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