

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

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

Student

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	NA	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	S	S	S	NA	S	NA	NA	S	S								
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	NA	NA	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	NA	NA	NA	NA	NA	S	S								
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA	S	NA	NA	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									
Clinical Location	3T Patient Management	4N Patient management	3T Patient management	Digestive Health	Core measures	Patient advocate and scavenger hunt				Special Procedures								

Comments:

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

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

*End-of- Program Student Learning Outcomes

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

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

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

Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

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

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

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

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

Week 7 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. Keep up the great work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2 A.) One potential ethical issue I observed was how to medicate a patient who has a drug abuse problem. Since this patient had a history of this abuse this could be a potential problem with giving some of the narcotics to this patient. They want to give the patient as much autonomy as they can, but do not want the chance of this patient starting to abuse these drugs as well.

Week 2 (2a)- Clinical judgment is very important in these types of circumstances. You want to make sure the patient is comfortable for recovery but don't want to feed into their addiction. It is important to include the patient in the plan of care and educate the patient on the correct way to use the medication. It may help to teach the patient other methods of pain control along with the use of medication. FB

Week 3 (2a). There were no ethical issues that I observed during this clinical, but one potential issue that would have occurred was making sure the patient had signed consent for blood admin. Since she had surgery she had previously signed a consent form for blood admin, but asking her for her verbal consent is still important. This patient may not have realized she signed a consent form before the surgery, and just giving her the blood without talking with her beforehand could cause many legal and ethical issues. Consent must always be given for blood administration. Patients may not want to receive blood for a variety of reasons, such as religious etc. Some patients if they know ahead of time like to donate their own blood for transfusion, or have family members who are compatible donate blood for them. It is very important that any consent signed that the patient understands exactly what they are giving consent for. This could be considered an ethical and legal issue. Great example. FB

Week 4 (2a.) One potential ethical issue I observed during this clinical was whether or not to believe what the patient was saying. This patient had told a few health care members all different stories about why she was there and about her symptoms. Since none of her stories were adding up she was denied a consultation with the GI department. This can be a big ethical issue when it comes to treating the patient. This can lead to the patient not getting the care that they need. The physician should probably have a lengthy discussion going over all of the appropriate questions. It makes you wonder why so many different stories, there could be a possibility of dementia that has been undiagnosed. FB

*End-of- Program Student Learning Outcomes

Week 5 (2a.) One potential ethical issue that could have arisen during this clinical experience involves obtaining patient consent for student involvement in their care, particularly regarding procedures such as starting an IV. If a patient was not informed that I was a student prior to performing the procedure, this could have led to ethical issues. It is the patient's right to decide whether or not they want a student to perform any medical intervention, and failing to properly introduce myself as a student could have resulted in complications. **This is a perfect example of an ethical issue that could occur in Digestive Health. AR**

Week 6 (2a.) One potential ethical issue that could arise in core measures is the accuracy of documentation. It is crucial to ensure that all documentation is precise and consistently updated to reflect the patient's current condition. These records serve as primary evidence in legal cases, where even the smallest error can be used as proof of negligence. Maintaining thorough and accurate documentation is essential not only for legal protection but also for ensuring the highest standard of patient care. **Very true, and so important in every way! AR**

Week 7 (2a.) During my clinical, I came across an ethical issue with a patient who had a PET scan for a possible lung mass. Even though the results had been ready for over two weeks, the patient still hadn't heard from their doctor. This was a concern because patients have the right to get important health information quickly. The long wait for results caused the patient unnecessary stress and worry. **This is definitely an ethical issue, and could also become a legal issue if the patient's condition worsened. Great example. AR**

Week 9 (2a.) During this clinical one potential ethical issue that could have happened was whether or not the doctor should do an angiogram before taking out the patient's supra vena cava filter. The doctor had originally decided not to do the angiogram before taking it out, but after having discussions with the other health care members they decided to do the angiogram. This could have been an issue because if the doctor went ahead and took out the filter before the angiogram the patient could have had a clot dislodged and travel.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Satisfactory in all areas. Student goals: No student goals provide. You must provide a goal for next clinical experience. No additional Preceptor comments provided. EW/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: “For the next clinical experience I would like to be able to practice more IV push meds. I was able to practice many skills today, and feel more comfortable with those skills.” Additional Preceptor comments: “Kylee did a wonderful job caring for a hip replacement patient and a severe PVD patient! She even got to assist with compressions in ER! SJ/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas. Student goals: “For my next clinical experience I would like to be able to practice more IV starts.” Additional

*End-of- Program Student Learning Outcomes

preceptor comments: “Watched blood administration for start to finish, charting, bladder scan after removal of foley early in shift, very pleasant to patients, asked about needs, completed tasks given and charting.” LS/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Excellent in all areas. Student goals: “For my next experience I would like to be able to start on IV on a patient.” Additional Preceptor comments: “Great at multitasking and getting to know her patients all three of her patients commented saying she would be an amazing nurse!” LC/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Excellent in all areas.” Student goals: “I would like to see a PICC line insertion, and see how the procedure works.” Additional Preceptor comments: “Great job today! Helped with lots of dressing changes and a wound vac. Assisted with discharge instructions. Stayed on task. Very helpful with assisting other staff members.” CA/FB

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	NA	S	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)	S	S	S	NA	NA	S	NA	NA	S	NA								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	NA	S	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding) *	NA	S	NA	NA	NA	NA	NA	NA	S	NA								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	S	S	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

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

Comments:

Week 3 (6d)- Satisfactory completion of Hand-Off report, 30/30 points. Additional RN comments: “Great job painting a thorough picture of the patient!” SJ/FB (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

*End-of- Program Student Learning Outcomes

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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
N o t i c i n g	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)		
I n t e r p r e t i n g	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)		
R e s p o n d i n g	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

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Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
R e f l e c t i n g	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	Date	Nursing Priority Problem				Evaluation & Instructor Initials	Remediation & Instructor Initials
	the following statements.						
	<ul style="list-style-type: none"> ● Continue plan of care ● Modify plan of care ● Terminate plan of care 						

<p>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.</p>	
<p>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. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	<p>Total Points:</p> <hr/> <p>Faculty/Teaching Assistant Initials:</p>

Care Map Evaluation Tool**
AMS
2025

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

Comments:

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

Student Name:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none">● Current Diagnosis (2)● Past Medical History (2)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none">● Pathophysiology-what is happening in the body at the cellular level (6)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none">● All patient's signs and symptoms included (2)● Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)● Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	Total Points: Comments:
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <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)	Total Points: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none">● All patient's relevant diagnostic tests and results 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)	Total Points: Comments:

<ul style="list-style-type: none"> ● 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</p>	<p>Total Points: Comments:</p>

<p>judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	
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Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____ Date: _____

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations	Needs Improvement	Does Not Meet Expectations	POINTS

*End-of- Program Student Learning Outcomes

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

Faculty Comments: _____

Faculty Signature: _____ Date: _____

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

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

* Course Objectives

Comments:

Week 8 Simulation: See rubric below. AR

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Katelyn Morgan, Grace Catanese. **Kylee Cheek**, Destiny Houghtlen

GROUP #: 2

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 24, 2025 1000-1200

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					<p>Identifies patient and begins VS and assessment. Monitor applied. Notices low SpO2. Patient CO nausea, wanting to go to sleep. Noticed reduced HR, BP, and rhythm change. Patient CO feeling like she's going to pass out. BP reassessed. Rhythm change noticed.</p> <p>Patient identified. VS and assessment begun. Monitor applied. Notices increased HR. Notices low SpO2. Patient CO feeling tired, SOB. VS rechecked following medication administration. Notices lower BP. Patient CO being dizzy. New VS obtained after fluid bolus. Patient coughing and SOB. Noticed lung sounds have changed.</p> <p>Notices unresponsive patient, code called begins CPR.</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>SpO2 and BP interpreted as below normal. Interprets the need for medication to increase HR. Rhythm change interpreted to be 2nd degree type 2 AV block. BP noted to be reduced from previous reading. New rhythm interpreted to be 3rd degree AV block.</p> <p>Rate interpreted as sinus tachycardia- actually atrial fibrillation. Need for O2 identified. Rhythm reinterpreted to be a-fib. BP interpreted as lower than previous reading. Interprets need for fluid bolus to raise BP. Lung sounds interpreted to be crackles and patient is overloaded.</p> <p>Interprets no pulse or breathing.</p>
● Prioritizing Data:	E	A	D	B	
● Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					<p>O2 applied. Heart and lung sounds assessed. Call to HCP to report symptomatic bradycardia and requests order for atropine. Order received- remember to read back orders to avoid mistakes. Atropine explained to patient and administered (identify patient). Call to HCP to request IV fluid, order received. Pacemaker requested. Neuro assessment performed. IV fluid initiated at 100 mL/hr.</p> <p>Established orientation. Asking appropriate questions during assessment. Oxygen applied. Call to HCP to report sinus tachycardia and request a beta blocker. HCP questions heart rhythm interpretation- reinterpreted to be a-fib. Call to HCP to request order for coags and an order for warfarin. Order received for coags and diltiazem. HCP asks what appropriate dose would be- bolus and drip rates provided. Orders received for bolus and drip (remember to read back orders). Call back to HCP following medication administration to report new symptom, requests cardioversion. Fluid bolus requested. Fluid bolus ordered and initiated. Call to HCP to report suspected fluid overload and request an order for Lasix. Order received.</p> <p>CPR initiated, 1 mg epinephrine q 3 minutes. Patches applied, patient defibrillated. Amiodarone suggested as an alternate drug to give, doses</p>
● Calm, Confident Manner:	E	A	D	B	
● Clear Communication:	E	A	D	B	
● Well-Planned Intervention/ Flexibility:	E	A	D	B	
● Being Skillful: B		E	A	D	

*End-of- Program Student Learning Outcomes

	provided.
<p>REFLECTING: (1,2,5)*</p> <p>●Evaluation/Self-Analysis: E A D B</p> <p>●Commitment to Improvement: E A D B</p>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication for comfort). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>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. (1,2)* ● Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>You are satisfactory for this scenario. BS</p> <p>Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information 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 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</p>

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> ● 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>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

Skills Lab Competency Evaluation	Lab Skills									
	Medit ech Docu ment (1,2,3,4, 5,6)*	Physi cian Orde rs/SB AR (1,2,3,4 ,5,6)*	Priori tization/ Deleg ation (1,2,3,4, 5,6)*	Resus citation (1,3,6, 7)*	IV Start (1,3,4,6)*	Blo od Ad min ./IV Pu mps (1,2, 3,4,5, 6)*	Centr al Line/ Blood Draw/ Ports (1,2,3,4, 6)*	Head to Toe Asses ment (1,2,6) *	ECG/ Hand- off report /CT (1,6)*	ECG Meas urem ents (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
Performance Codes: S: Satisfactory U: Unsatisfactory										
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	BS	CB	AR	FB/CB/BS	AR	CB	BS/DW	BS	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*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

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

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

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

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

Student eSignature & Date:

ar 11/15/2024