

**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
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S	n/a								
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	n/a								
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	S	S	S	NA	NA	S	n/a								
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	S	S	S	S	S	S	NA	NA	S	n/a								
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	N/A	N/A	S	S	S	S	NA	NA	S	n/a								
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	N/A	S	N/A	S	S	S	NA	NA	S	n/a								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	S	S	S NA	N/A	N/A	N/A	NA	NA	S	S								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	S	S	S	S	S	NA	NA	S	n/a								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>								

\*End-of- Program Student Learning Outcomes

Clinical Location	Special Procedures, 74	Infusion Center, 67, 73	Quality Assurance and Core Measures, Cardiac Diagnostics, 77, 53, 68	ICU/ 4C, 77	ICU/ 4C, 92	4P, 65				Digestive Health							
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**Comments:**

Week 2 (1b,c)- Satisfactory during Special Procedures clinical experience and with discussion via CDG posting. Preceptor comments: “Satisfactory in all areas. Slow Day. Observed bone marrow bx, MRI and CT scans. 2 IV attempts. Asked appropriate questions.” AR

Week 3 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in ‘Appropriate use of communication skills’ and ‘demonstrates professionalism in nursing’; Satisfactory in all other areas. Student primed IV lines, started an IV, and did vital signs. Student watched IVIG given, and Remicade given and watched foot dressing.” Great job. AR

Week 4 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student very willing to step in wherever needed. Asked very good questions. Keep up being inquisitive and asking questions! Good job!” Great job Hannah. AR  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We briefly discussed your patient’s heart rhythm and will continue discussion of rhythm identification and measurement over the next few weeks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

Week 6- 1a/b- You did a good job this week assessing and providing care to your patient. 1d- We discussed and went over a few rhythm strips. 1e- You did a good job administering medications utilizing multiple routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

Week 7(1a-e,g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You were able to discuss and interpret cardiac rhythm strips. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

**Objective**

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

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

\*End-of- Program Student Learning Outcomes

e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	BS	BS	CB	CB	CB	CB									

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

**Comments:**

Week 5- 2a- You did a nice job correlating the relationships among your patient’s disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete your pathophysiology CDG this week. Please see rubric below. 2e- You were also respectful of the patient’s family members as they went through this difficult situation. BS

Week 6- 2a- You did a geat job correlating the relationships among your patient’s disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete your Care Map CDG this week. 2e- You were also respectful of the patient’s family members as they went through this difficult situation. Week 3- 2e- During debriefing, you did a nice job identifying social determinants of health, relevant to your patient, that could have an impact on his health, well-being, and quality of life. Good job also of being mindful and respectful of the patient’s perspective and values while providing care. BS

Week 7(2b-d): Good job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications, how you recognized changes and would take appropriate action, plus nursing priorities for you patient. CB

**Objective**

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

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

**Comments:**

Week 3 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center Clinical experience. Keep up the good work. AR

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

Week 5- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

Week 6- 3a- You did a nice job critiquing communication barriers observed while in the clinical setting. BS

Week 7(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

**Objective**

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	S	S	S	NA	NA	S	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	S	S	S	S	S	NA	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	S								
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>									

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

**Comments:**

4a – Week 2: A legal issue that could have happened in this clinical could be if a patient was experiencing anxiety over a procedure and took away the consent for the procedure, but the healthcare provider would still go ahead with the procedure. **Good example and this could occur in a setting such as Special Procedures. In a situation like this, good communication is vital. AR**

4a-Week 3: A legal issue that could have happened in this clinical could be what a nurse told me today. She said that IV Globulin is in a glass container at Firelands, but in other places they can also come in bags. She had told me a couple years ago that the IV Globulin was put in a bag that was marked as a different medication and it was caught before administered to a patient. This could have killed a patient, which becomes the worst legal issue there is. **How scary! Proof again that if something is different or doesn't seem right, to seek clarification! AR**

4a – Week 4: A legal issue that could have happened in this clinical could be if a patient were to fall while doing the treadmill stress test. The nurse had the patient walking for 9 minutes and decided to stop the test there because he knew the patient wouldn't tell him when he had had enough. This would be a critical nursing judgment, to see that the patient was out of breath and actually needed to stop the test, even though they were pushing themselves to go farther. If a patient would have fallen and really hurt themselves, there would be a huge issue because the nurse didn't think to stop it before that had happened. **You are correct, that could be a huge problem. AR**

4a – Week 5: A legal issue that could have happened would have been when my patient was intubated. She was originally a DNRCCA, but when she was coding, her daughter decided that it would be ok if she went on the ventilator. So now my patient is a DNRCCA with intubation. It could become a legal issue because if the

\*End-of- Program Student Learning Outcomes

daughter wanted to keep the DNR and not do anything when the patient was coding, then you would have to respect her wishes. So if they still intubated her without consent, then it would be a legal issue with the daughter.

Week 5- 4a- This is a great example, Hannah. This is also a situation that comes up often in the ICU quite often. It also makes it important for nurses to become familiar with the details of code status and advance directives. The person one chooses to fill this role should be one the person can trust will have the strength to carry out their wishes when the time comes. BS

4a. – Week 6: A legal issue that could have happened would be if the doctor decided to discontinue or not order the restraints for a patient on a ventilator. If the doctor/nurse doesn't catch that an order needs to be reordered or discontinued, it could become a legal issue because restraints are usually a last resort for someone to stay safe or pull out any tubes from it being uncomfortable.

Week 6- 4a- Good point, Hannah. Not so much on other floors, but restraints are very important for many patients in the ICU setting, especially for mechanically ventilated patients. Sedation works very well, but it does not prevent all movement and some patients would definitely pull various things out if given the chance. BS

4a-Week 7: A legal issue that could have happened would be if the patient were to fall while in the hospital because they don't have any fall precautions up. When I went to see my patient for the first time, there was not a yellow band or any signs in the room saying that he was a fall risk. He was a low fall risk, but there was still a risk of him getting up from the bed and hurting himself. Hannah, this is a huge legal issue. There have been patients in the hospital that have fallen and really hurt themselves and it has cost the hospital a lot of money. You did a great job educating your patient on asking for assistance when needing to get out of bed and reminding them to use the call light. CB

4a-Week 9: A legal issue that could happen would be if a physician decided to go forward with the procedure if a person takes away the consent for the procedure.

**Objective**

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

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

**Comments:**

5a-Week 2: I decided to put NI on this skill because of my skill with doing the IVs. I was able to get the IV on the first patient, but the second one I was unable to find the vein and the nurse had to help with it. **Hannah I am not going to change this back to a satisfactory because you felt you needed a NI, however remember this was your first time doing an IV on a “real” patient and outside of your fellow students in the lab. Don’t be so hard on yourself! AR**

Week 3: I changed it back to S for this week because I was much more comfortable doing IVs for this clinical. It’s still difficult, but I’m more confident. **Great news. AR**

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

Week 5- 5b- You performed very well in the clinical setting this week Hannah. I think you will gain further comfort in the weeks ahead. 5c/e- During debriefing you did a nice job describing factors that create a culture of safety and discussing the use of EBP tools that can help support safety and quality. **BS**

5a – Week 6: I decided to put NI on that skill because I felt like I should have done more for my patient or found more things that I could do for him. **If you feel an NI is deserved I will leave it. However, these are my observations: Your charting was improved from the first week, in both completeness and timeliness. Medications were**

\*End-of- Program Student Learning Outcomes

administered smoothly. Having been caught up, you were able to assist in a code blue and do chest compressions and performed well. This can be emotionally challenging for some, but you handled it well. You were also caught up enough to assist your fellow student when she needed you. I thought you performed very well in the clinical setting. If you feel you need to make some improvements, I would challenge you to think about what you would change and then begin to make those changes next week. You should be confident, you didn't make it this far by mistake- you deserve to be here because you've earned it, and you should be proud of that. Good luck! BS

5a-Week 7: I decided to change this skill back to S because I felt like I did a lot more for my patient during this clinical by reminding him about coughing/deep breathing, using the incentive spirometer, and using the commode. Hannah, you did a great job with your patient this week! Keep up all of your hard work! CB

Week 7(5b,c,d) Hannah, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Good job discussing ways you created a culture of safety for your patient in your cdg! Great job using standard precautions while caring for your patients this week! CB

**Objective**

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

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

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

**Comments:**

Week 2 (6f)- Satisfactory discussion via CDG posting related to your Special Procedures clinical, following the CDG grading rubric. Keep up the great work. AR

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

Week 4 (6f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Quality Assurance/Core Measures observation. Keep up the great work. AR

Week 5- 6a/b/c- As you no doubt realized this week, teamwork, communication, and collaboration are very important while doing our jobs as nurses. Each patient situation is unique and often requires to use many of our skills at once. 5e- Documentation was good for the first week, and you will gain more comfort with it in the weeks to come. BS

\*End-of- Program Student Learning Outcomes

Week 6- 6a/b/c- Nice job discussing your observations about establishing collaborative partnerships and communication with patients, families, fellow students, and other health care team members in an attempt to achieve optimal patient outcomes. BS

Week 7(6d,e,f): Great job with your 4T hand-off report during debriefing. You scored 30/30 points per the 4T hand-off report rubric, please see below for comments. Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

**Objective**

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

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

**Comments:**

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

Week 5- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 6- 7a- By critiquing your performance above you are showing that you value the need for continuous performance. 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 7(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Short versus long antibiotic duration in streptococcus pneumoniae bacteremia. Open forum infectious diseases." When including an intext citation for your article, it would be cited (Alexander et. al., 2024). Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Midterm- Great job during the first half of the semester. Keep up all of your hard work and finish the semester strong! CB

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name: <b>H. Castro</b>		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week: <b>Week 6</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job noticing abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient. I would suggest that his tube feeding should be highlighted and to list all ABG values.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nice job listing all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors. You listed potential complications related to your priority problem and s/sx to go along with them. Suggestion; you have a good goal statement, but if your goal statement addresses ABG values you should include them all in your assessment, and then your evaluation.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with specific, prioritized, individualized interventions for your patient that included a frequency and rationale.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

\*End-of- Program Student Learning Outcomes

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	<b>Criteria</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Points Earned</b>	<b>Comments</b>
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice work here also. I would just suggest again that you include each ABG value.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	

**Reference**

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

**\*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

**Faculty/Teaching Assistant Comments: Nice work, Hannah! BS**

**Total Points: 45/45 Satisfactory. BS**

**Faculty/Teaching Assistant Initials: BS**

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/11-2/12/2025	Impaired gas exchange	Satisfactory/BS	NA/BS

\*\*

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:** H. Castro

**Clinical Date:** 2/4-2/5/2025

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

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

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

\*End-of- Program Student Learning Outcomes

Student Name: Hannah Castro

Date: 2/19/2025

**Must complete satisfactorily during 4 Tower debriefing.**

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

	<b>Meets Expectations 5</b>	<b>Needs Improvement 3</b>	<b>Does Not Meet Expectations 0</b>	<b>POINTS</b>
<b>Introduction Safety (1,2)*</b>	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
<b>Situation (3)*</b>	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
<b>Background (4)*</b>	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
<b>Assessment Laboratory/Diagnostic Testing (5)*</b>	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
<b>Actions (4,5)*</b>	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
<b>Communication Prioritization (1,4,5,6)*</b>	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	5
			<b>TOTAL POINTS</b>	<b>30/30</b>

**Faculty Comments: Great job giving a thorough hand-off report on your patient! You were very detailed and met all requirements!**

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Faculty Signature: \_\_\_\_\_ **Chandra Barnes, MSN, RN** \_\_\_\_\_

Date: \_\_\_\_\_ **2/19/2025** \_\_\_\_\_

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

\*End-of- Program Student Learning Outcomes

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

\* Course Objectives

Comments: 2/25/2025- Satisfactory completion of week 8 Dysrhythmias simulation. See grading rubric below. CB

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Kailee Felder, Joshua Hernandez, Paige Knupke, Hannah Castro

\*End-of- Program Student Learning Outcomes

GROUP #: 6

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 25, 2025 1000-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
<b>NOTICING: (1,2)*</b>					<p>Notices patient's heart rate is 48. Notices patient's SpO2 is decreased at 91% on RA. Noticed patient's complaints of being "sleepy" and nauseous. Noticed patient's EKG changes on the monitor.</p> <p>Notices patient's heart rate of 160. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus.</p> <p>Notices patient is unresponsive.</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
<b>INTERPRETING: (1,2)*</b>					<p>Prioritizes performing a full head to toe assessment rather than a focused cardiovascular assessment. Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to treat patient's decreased heart rate. Interprets patient's heart rhythm initially as a 3<sup>rd</sup> degree heart block, later determined to be a 2<sup>nd</sup> degree heart block type 2. Recognizes the need for a transcutaneous pacemaker.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Prioritizes the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem dose as 25mg bolus over 15 mins, then continuous diltiazem drip at 10mg/hr. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's lung sounds as crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment.</p>
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
<b>RESPONDING: (1,2,3,5,6,7)*</b>					<p>Introduces self and role, identifies the patient. Obtains vital signs (99.8-48-22-105/59 SpO2 91% on RA) and places patient on the monitor. Performs head to toe assessment. Calls healthcare provider and gives SBAR.</p> <p>Recommends Atropine 0.5mg to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers Atropine 1 mg IVP. Increases oxygen to 3L via nasal cannula. Reassesses patient and obtains vital signs (HR 43, b/p 87/50). Calls healthcare provider and gives update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends a dopamine gtt and transcutaneous pacing.</p> <p>Introduces self and identifies patient. Obtains vital signs (99.0-160-22-96/58 SpO2 91% on RA) and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls healthcare provider and gives SBAR, recommends a calcium channel blocker (diltiazem). Communicates well and</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

	<p>educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs (HR 163, b/p 88/51. Calls healthcare provider and provides update, recommends a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient and stops IV fluid bolus due to assessment findings (cough, SOB, crackles). Calls healthcare provider and gives update. Recommends cardioversion.</p> <p>Introduces self and attempts to identify patient. Calls a code blue. Begins CPR and bagging after a delay. Administers epinephrine 1 mg IVP. Delay in applying fast patches and defibrillating.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> <li>• Commitment to Improvement: <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> </ul>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication!</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Differentiate the clinical characteristics and</b></li> </ul>	<p>Lasater Clinical Judgement Rubric Comments:</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. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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</p>

\*End-of- Program Student Learning Outcomes

<p><b>ECG patterns of common dysrhythmias. (1,2)*</b></p> <ul style="list-style-type: none"> <li>• <b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul>	<p>most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>Satisfactory completion of the simulation scenario. Great job!</p>
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2025

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

**\*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

\*End-of- Program Student **Head to Toe Assessment:** Satisfactory completion of the Head to Toe Assessment. Great job! DW/BS

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

**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