

**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:	NA	S	NA	S	S	S	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)	NA	S	NA	S	S	S	NA	NA	S	S								
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	NA	S	S	S	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S	NA	NA	S	S								
e. Administer medications observing the seven rights of medication administration. (Responding)	NA	S	NA	S	S	S	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	S	NA	NA	S	S	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS								
Clinical Location	QC & PD	DH	NA	3T	4N	3T				4C	4C							

Comments:

Week 2 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Great job! AR

Week 3 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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

*End-of- Program Student Learning Outcomes

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

Week 7 (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 9- 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

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	NA	S	S	S	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	NA	S	S	S	NA	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	S	S	S	NA	NA	S	S								

*End-of- Program Student Learning Outcomes

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

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

Comments:

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

Week 6 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 7 (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

Week 9- 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. 2e- You were also respectful of the patient’s family members as they went through this difficult situation. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA	S	NA	S	S	S	NA	NA	S	S								
a. Critique communication barriers among team members. (Interpreting)	NA	S	NA	S	S	S	NA	NA	S	S								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	NA	S	S	S	NA	NA	S	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	S	NA	S	S	S	NA	NA	S	S								

d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	NA	S	S	S	NA	NA	S	S								
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA							
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS								

Comments:

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

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

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

Week 7 (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 9- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

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	NA	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)	NA	S	NA	S	S	S	NA	NA	S	S	S							
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	NA	S	S	S	NA	NA	S	S	S							
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS								

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

Comments:

WEEK 2: An example that was brought up in clinical on a legal/ethical issue was proper documentation to cover staff in the case of a lawsuit. We were told that sometimes after a patient passes away, their family may attempt to sue the hospital and anyone taking care of that patient may be brought into court. It is important to have proper documentation of everything you do for that patient as evidence that there was no wrongdoing on your part towards that specific patient. **Absolutely. Accurate and complete documentation is so important. AR**

WEEK 3: An example of a legal/ethical issue in the digestive health clinical is consent. In order for each patient to go into their procedure, it must be explained to the patient and signed. Without their signature on the consent form, the procedure cannot be done. **This is a perfect example for Digestive Health, and so important. AR**

WEEK 5: An example of a legal/ethical issue I witnessed in clinical on 3T was the patient signing consent to receive blood products. One of the patients I helped my nurse care for was receiving packed RBCs. Prior to administration, the patient had to sign consent to receive the product. We also had to get her vitals, get a blood type and match, and have another nurse come in the room to verify that all the information and numbers matched up before administering. **Great example of a legal/ethical issue. Patients have the right to refuse any care that might be ordered. Providing education on the reason for any care is necessary for patients to make an informed decision regarding the care they receive. FB**

WEEK 6: An example of a legal/ethical issue I witnessed in clinical on 4N was a patient's code status. This patient was unable to make his own medical decisions due to his confusion. None of his contacts were answering their phones regarding his care, so he was determined to be a full code by default. **This is a difficult position to be in, but as healthcare providers we cannot make assumptions that a patient does not want everything done. If we do everything to keep the patient alive and they do not want**

*End-of- Program Student Learning Outcomes

this to occur we can decrease the amount of care provided at that point. If you do not provide the care and they want everything done it is much more difficult to compensate for care not performed and can lead to a negative outcome. FB

WEEK 7: An example of a legal/ethical issue in clinical this week was malpractice. One of the nurses on the floor attempted to insert a catheter into a patient 7 times. Ultimately, this caused way more harm than it did good and caused more issues for the patient that he already had. Great example, if there is a problem with the insertion than a physician should be notified. The number of attempts should be two, seven times is definitely too many attempts. You never know if something else is going on with the patient, which could be the reason for previous failed attempts. FB

WEEK 9: An example of a legal/ethical issue in clinical this week was whether or not to take a patient off their vent. The patient has no brain function, and the family seems to not be able to make a decision. The patient's POA is his daughter who lives far away and wants to take him off the vent, however his other children do not want him to be taken off the vent just yet. His POA is technically by default because his ex-wife was the POA but passed away, so it automatically went to the oldest child. 4a- Great example, Grace. This is an issue seen quite often in the ICU environment. Decisions like these are not easy, and they are made more difficult when family members disagree on the course of action. Ideally, conversations should occur way ahead of this type of thing happening- but many times they are not. Especially for a 49-year-old. Definitely an unfortunate situation for this family. BS

WEEK 10: An example of a legal/ethical issue related to the ICU is code status. For example, one of the patients got extubated and if she were to not sustain without the intubation, they had to reintubate her due to her code status. Her code status is DNRCCA with intubation, therefore the patient will receive all medical care including intubation until a cardiac arrest occurs. If a cardiac arrest were to occur, they would not perform life saving measures such as CPR.

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	NA	S	S	S	NA	NA	S	S								
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	NA	S	S	S	NA	NA	S	S								
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	NA	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS								

Comments:

Week 2 (5c)- Satisfactory during your Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Excellent in all areas, except NA for provider of care: establishment of plan of care, manager of care: delegation. Student goals: “continue practicing my IV skills to better my knowledge and skill level.” Additional Preceptor comments: “Grace was extremely professional and caring with all the patients. Grace is a hard worker and helped everyone on the floor. Grace hung multiple IV meds.” KA/FB

5b: During this week’s clinical experience I got to do many new skills such as insert a foley, wound care and dressing changes, IV starts, the administration of lots of IV medications including some IV push medications and I was able to learn how to empty and care for jp drains following a surgical procedure. Great experiences to help you build on what you have learned. FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: “Be able to practice more IV starts.” Additional Preceptor comments: “Very calm and professional with a medically complex patient; knowledgeable about patients’ medical history and changes of care throughout the

*End-of- Program Student Learning Outcomes

day.” JP/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: “Be able to read more ECG strips on different patients.” Additional preceptor comments: “Grace did great work with her 2 patients today; excellent assessment and medication administration. She gave a detailed report to the incoming nurse, providing all the pertinent info.” SV/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Satisfactory in all areas. Student goals: “Pass more meds throughout the day.” Additional Preceptor comments: “Don’t be so shy, you’re doing great! Don’t be afraid to ask questions.” HM/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Satisfactory in all areas, except excellent in Provider of care: demonstrates prior knowledge of departmental/nursing responsibilities, demonstrates safe completion of nursing skills, member of profession: demonstrates professionalism in nursing.” Student goals: “Work/practice more with ventilators and critical patient.” Additional Preceptor comments: “Great job today with four patients.” CA/FB

Week 9- 5a,b- You cared for your first mechanically ventilated patient this week and performed well in the clinical setting. You also answered call lights and helped your fellow students when they needed it, nice job! 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

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	NA	S	S	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)	NA	NA	NA	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. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding)*	NA	NA	NA	S	S	S	NA	NA	S	S								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	NA	NA	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS								

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (6c)- Satisfactory during your Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. (6f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Assurance/Core Measures experinces while following the CDG grading rubric. Keep up the great work. AR

Week 5 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 6 (6d,f)- Satisfactory completion of patient management hand off report competency rubric 30/30, reported by RN on 2/11/2025. Comments: Grace was very detailed with her report. She was able to accurately and clearly give pertinent info to the oncoming nurse. Great job today, pleasure to work with!! JP/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) Great job with determining an educational plan for one of your assigned patients. Educational plan was thorough with all areas of CDG expectations met. FB

Week 9- 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. It’s a sad situation but I’m glad you were able to have this experience, although it didn’t look too promising for your patient. 5e- Documentation was well don and timely. BS

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	NA	S	S	S	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	NA	S	S	S	NA	NA	S	S								
c. Comply with the FRMCSN “Student Code of Conduct Policy.” (Responding)	S	S	NA	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	NA	S	S	S	NA	NA	S	S								

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Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BS							
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Comments:

Week 2 (7a)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

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

Week 7 (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

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

Week 9- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

*End-of- Program Student Learning Outcomes

	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete		

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

*End-of- Program Student Learning Outcomes

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

Care Map Evaluation Tool**
 AMSN
 2025

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

Comments:

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

Student Name: G. Catanese

Clinical Date: 3/11-3/12/2024

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: 4 Comments: Great job providing a description of your patient's current diagnosis and past medical history.</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: 6 Comments: Great job providing a detailed description of the pathophysiology of your patient's current diagnosis (septic shock).</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with all her presenting signs and symptoms.</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) 2 • Rationale provided for each lab test performed (3) 	<p>Total Points: 11 Comments: Nice work! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as</p>

<ul style="list-style-type: none"> • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>explaining how the result correlates with the patient's current diagnosis. Would have liked to have seen ABGs included due to patient being on a ventilator.</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: 12 Comments: 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>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: 9 Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</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: 4 Comments: Nice job correlating your patient's past medical history with her current diagnosis.</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: 6 Comments: Nice job providing a prioritized list of nursing interventions with rationales provided.</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: 6 Comments: Roles of the interdisciplinary team members were discussed and additional members identified.</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p>	<p>Total Points: 64/65 Satisfactory. BS Comments: Great work on your pathophysiology CDG, Grace! BS</p>

<p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among 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: G. Catanese **Date:** 3/11-3/12/2024

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient’s situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5

*End-of- Program Student Learning Outcomes

	and relates findings to current diagnosis/presentation.	Example: states hemoglobin is low without stating specific number or why it is abnormal.		
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
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	5
			TOTAL POINTS	30/30

Faculty Comments: Great job on your hand-off report, Grace!!

Faculty Signature: Brian Seitz MSN, RN, CNE **Date:** 3/11-3/12/2024

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

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

* Course Objectives

Comments:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

GROUP #: 2

SCENARIO: Week 8 Simulation

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<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>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<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>

*End-of- Program Student Learning Outcomes

<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • 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 	<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 provided.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<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>

*End-of- Program Student Learning Outcomes

<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)* • 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>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 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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Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

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

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

Student eSignature & Date:

ar 11/15/2024