

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA	NA	NA	S	S	S	NA	NA	S	S								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA	NA	NA	S	S	S	NA	NA	S	S								
c. Evaluate patient’s response to nursing interventions. (Reflecting)	NA	NA 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	NA	NA S	S	S	S	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	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	CB								
Clinical Location	NA	Patient Advocate	Digestive Health	3TOWER, QUALITY	4N	3T				4C	4P							

Comments:

Week 3 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Keep up the great work. AR

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

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:	NA	NA	S	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)	NA	NA	S	S	S	S	NA	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	S	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								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	NA	S	S	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	CB								

***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. 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

*End-of- Program Student Learning Outcomes

Week 9(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications. You were able to recognize changes in your patient's status and respected your patient's family while performing all care. Excellent job on your pathophysiology, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

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	S	S	S	S	NA	NA	S	S								
a. Critique communication barriers among team members. (Interpreting)	NA	S	S	S	S	S	NA	NA	S	S								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	S	S	S	S	S	NA	NA	S	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	S	S	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	CB								

Comments:

Week 3 (3b,c)- Satisfactory during your Quality Scavenger Hunt, documentation, and with discussion via CDG posting. Good work. AR

Week 5 (3b,c) Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the great work. FB (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): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Competency 3e was changed to a “NA” because it is regarding patient management clinical. CB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 3a: A legal issue that could potentially come up for a patient advocate could be malpractice; they are in the room and sometimes help patients with what they need however they do not have the insurance than a Nurse would have in the case of malpractice. This is an interesting example and not one I have thought of before. Thanks for sharing. AR

Week 4 3a: An ethical issue could potentially be where the patient didn't fully clear the intestinal tract but did the prep and felt like they deserved the procedure but the doctor wouldn't do it and made them reschedule. This type of situation would require good patient education, so they would fully understand why it couldn't be done (for visualization of the colon). AR

Week 5 3a: An ethical issue could be with my patient today. He got his toe amputated, refused to have it dressed and wound care, and had very poor perfusion. Toe was black. Doctors were discussing cutting the whole foot off because he has poor perfusion combined with, he doesn't take care of his foot so they know eventually they will need to amputate more. Ethical issue was should we do it now while he's still in the hospital or wait a couple months until it absolutely needs amputation. Great example, the patient has the right to refuse care. Educating the patient may provide some clarity for the patient. The plan of care discussion and the consequences of any action the patient decides to take or not take needs to be very thorough. Ultimately you can not force the patient to proceed with care. FB

Week 6 3a: Working on the unit with the most post ops, an ethical issue related to surgery could be someone needing surgery but they are a lifelong smoker and they were told that smoking will increase complications during surgery and they do not stop smoking before the surgery. The important part of this scenario is the patient is informed of the risks that smoking can cause related to their health conditions and recovery after surgery. You cannot change people and their habits, that is something they must decide to change. FB

*End-of- Program Student Learning Outcomes

Week 7 3a: An ethical issue with one of my patients on the med surg floor could be about being fully knowledgeable about the risks of surgery and what the outcome will look like. He is confused sometimes and receives pain medication a lot and needed a leg amputation so finding the right moment where he is not confused and not altered with medication would be difficult but necessary. **The patient should not be on any mind-altering medications when the surgical procedure is being explained. The patient needs to make an informed decision about the healthcare they are going to receive and sign consents with a clear mind. If the patient has issues with confusion hopefully their healthcare is being explained with a family member or POA before they proceed. Great example of an ethical and potentially legal issue. FB**

Week 9a: An ethical issue would be with what my patients' family was experiencing; he is a critically ill patient with clearly no neurological function with no sedation, the ethical issue is what decision should they make. Should they decide that he stay on machines and hopefully get better one day? Would the patient want this? **This is why it is very important that you get your wishes written down in writing and you have someone that will make these tough decisions as your POA. CB**
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 10a: A legal issue that I noticed was that for titration of a patient's heparin, I heard and saw the two nurses say I trust you if you trust me instead of going together and titrating it together as they should have. This was in regard to the patients' safety and could potentially become a legal issue if something were to go wrong with the patient, and he was in a critical state as it was.

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

Comments:

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Satisfactory in all areas, except excellent in provider of care: collection/documentation of data, manager of care: communication skills. Student goals: No student goals were provided, you must provide a goal for the next clinical experience every week. Additional Preceptor comments: Great job! Keep working. KW/FB (5c) Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the great work. FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: “To have a larger patient ratio. To insert an IV.” Additional Preceptor comments: “Trent did a wonderful job successfully inserting his first IV! SJ/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: “To have more wound care.” Additional preceptor comments: “Trenton did a great job with time management and has great bedside manner!” DS/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Satisfactory in all areas. Student goals: “To do more wound care.” Additional Preceptor comments: “Did an amazing job in assisting with foley placement, IV starts. He will do well with bedside care.” LC/FB Reported for clinical rotation on 2/19/2025 – Excellent in all areas, except satisfactory in manager of care: delegation. Student goals: “To do more IV’s.” Additional Preceptor comments: “Manages patient care well. Meds passed, patient explained what meds were, timely. Does well with patient interaction.” JF/FB

*End-of- Program Student Learning Outcomes

Week 9(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB

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:	NA	S	S	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	S	S	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)	NA	S	S	S	S	S	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding) *	NA	NA	S	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)	NA	S	NA	S	S	S NI	NA	NA	NI	S	S							
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	CB								

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

Comments:

Week 3 (6c)- Satisfactory discussion via CDG posting for your Patient Advocate/Discharge Planner clinical experience. (6f)- Satisfactory with both CDG postings for this week. Keep up the great work. AR

Week 5 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: "Asks good questions and is thorough." KW/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. (6f) Your Quality Assurance/Core Measures observation, all following the CDG grading rubric. Keep up the great work. FB

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

*End-of- Program Student Learning Outcomes

Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) This competency was changed to a needs improvement (NI), the clinical discussion was to provide the process of the medication reconciliation, identify an education need and develop an education plan. You were allotted 2 hours for this discussion post. The education plan was to be specific including patient assessment data, disease information/pathophysiology, treatment plan, instructions, teaching methods, and an evaluation. Minimal effort was demonstrated with your post being a very brief response. Make sure to provide more detail for future responses. FB

Week 9(6f): Satisfactory completion of your pathophysiology, meeting all cdg requirements. Please see the grading rubric below. CB
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:	NA	S	S	S	S	S	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	NA	S	S	S	S	S	NA	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	NA	S	S	S	S	S	NA	NA	S	S								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	NA	S	S	S	S	S	NA	NA	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	NA	S	S	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	CB								

Comments:

Week 5 (7a)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. FB

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): Trenton, you did an excellent job this week having an ACE attitude while caring for your patient. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

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:

Care Map Evaluation Tool**
 AMSN
 2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
3/19/2025	Decreased Cardiac Tissue Perfusion		

** 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: Trenton McIntyre	Clinical Date: 3/11-12/2025
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • Current Diagnosis (2) -2 • Past Medical History (2) -2 	Total Points: 4 Comments: Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) -6 	Total Points: 6 Comments: Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) -2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) -2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) -2 	Total Points: 6 Comments: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) -2 • Rationale provided for each lab test performed (3) -3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) -3 	Total Points: 11 Comments: Relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis. Hgb and Hct should have been included as these can correlate with oxygenated blood. Considering his liver enzymes were abnormal, I would have added the result for the total bilirubin.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) -3 • Rationale provided for each diagnostic test performed (3) -3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) -3 	Total Points: 12 Comments: Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis. The liver ultrasound was because of the patient going into "liver shock" and they were checking for any abnormalities correlating to the abnormal labs.

<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) -3 • Rationale provided for the use of each medication (3) -3 • Explanation of how each of the patient’s relevant medications correlate with current diagnosis (3) -3 	<p>Total Points: 9 Comments: Great job including all medications. Chlorhexidine is ordered to decrease the risk of VAP (ventilator associated pneumonia). Clonidine is an anti-hypertensive, and your patient’s blood pressure was elevated at times.</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) -2 • Explanation of how patient’s pertinent past medical history correlates with current diagnosis (2) -1 	<p>Total Points: 3 Comments: Great job listing your patient’s past medical history. Your patient has HTN, stroke, and HLD which both could lead to cardiac arrest, plus the fact that he is obese. These should be correlated to the event of a cardiac arrest.</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) -6 	<p>Total Points: 6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales. I would have included vital signs Q1 hour. Restraint assessments are done hourly.</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)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) -2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) -2 	<p>Total Points: 6 Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among 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>Total Points: 63/65 Comments: Excellent job, Trenton! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</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

Student Name: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

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

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

*End-of- Program Student Learning Outcomes

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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

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

GROUP #: 3

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 24, 2025 1230-1430

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<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>Patient identified, begins VS and assessment. Patient CO being very tired. Notices SpO2 of 92. Heart and lung sound's auscultated. Notices low HR. Rhythm change noticed. Noticed HR dropped further. When prompted, notices additional rhythm change.</p> <p>Patient identified. Patient CO palpitations, SOB. Monitor applied, VS, assessment begins. Heart and lung sounds auscultated. Abnormal heart rhythm noticed. Noticed low SpO2. Patient continues to experience dizziness.</p> <p>Notices unresponsive patient, monitor applied, code blue called.</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 interpreted to be low. Lung sounds interpreted to be crackles. HR determined to be sinus bradycardia. New rhythm interpreted to be 3rd degree AV block. Reinterpreted to be 2nd degree type II AV block. New rhythm interpreted to be 3rd degree AV block.</p> <p>Heart rhythm identified to be a-fib. SpO2 interpreted to need supplemental O2. Bp interpreted to be low and in need of intervention. Lung sounds interpreted to be crackles.</p> <p>Interpreted the need to begin CPR and defibrillate.</p>
<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: E A D B 						<p>Oxygen applied in response to SpO2 being 92%. Establishes orientation. O2 increased to 3L, 4L. Call to update HCP. HCP requests rhythm- sinus brady. Atropine recommended, doses provided. Order received- not read back. Atropine prepared, patient identified, atropine administered. 2nd dose administered with rhythm change. Patches applied. Alternate medications discussed- epinephrine, dopamine are appropriate options. Rhythm changed again to complete heart block. Pacing verbalized as a treatment option.</p> <p>Heart rhythm correctly identified. Patches and O2 applied. Call to HCP to report a-fib, requests diltiazem or amiodarone. Order received for diltiazem bolus and drip, order read back. Bolus initiated, med explained to patient. Call to HCP to report current condition with decreased BP, recommended IV fluid. Orders received and read back. Call to HCP with improved BP but increases SOB and work of breathing, crackles. Suggests amiodarone or cardioversions. Dosages of amiodarone provided.</p>

*End-of- Program Student Learning Outcomes

	Patches applied, CPR initiated, ambu bag initiated. 1 mg epinephrine q 3 minutes. Amiodarone mentioned as an alternative to epinephrine for cardiac arrest.
<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). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment 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 Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding 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</p>

<ul style="list-style-type: none"> • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* <p>You are satisfactory for this scenario. Nice work! BS</p>	<p>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>
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*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing

Skills Lab Evaluation Tool
AMSN
2025

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

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

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

Student eSignature & Date:

Trenton McIntyre 3/20/25

ar 11/15/2024