

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	NA	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	NA	NA	S	S	S	NA	NA	S	S								
c. Evaluate patient’s response to nursing interventions. (Reflecting)	NA S	S	NA	S	S	S	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	NA	S	S	NA	NA	S	S								
e. Administer medications observing the seven rights of medication administration. (Responding)	NA	NA S	NA	S	S	S	NA	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA S	NA	NA	NA	NA	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	BL								
Clinical Location	PD, QC, Scavenger	Digestive Health	NA	PM 4N	PM 3T	PM 4N				4P	4C							

Comments:

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

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

*End-of- Program Student Learning Outcomes

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

Week 6 (1a,b,c)- Satisfactory with managing two patients during your patient management clinical experiences this week! Try to manage at least three 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 9-1(a-e,g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Medication passes were safely done following the seven rights. As we discussed, a friendly reminder to slow down when administering medications to ensure you are verifying them appropriately with the patient's electronic medication administration record. Practice was gained this week interpreting cardiac rhythms, as well as determining rates and measurements. Great job monitoring your patient very closely on 4P to ensure positive patient outcomes. BL

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	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)	NA	NA	NA	S	S	S	NA	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	S	NA	S	S	S	NA	NA	S	S								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	S	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	NA	S	S	S	NA	NA	S	S								
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BL								

***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

Week 9-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

*End-of- Program Student Learning Outcomes

Objective																		
3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	NA	S	S	S	NA	NA	S	S								
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	NA	NA	S	S	S	NA	NA	S	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	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	NA S	S	S	NA	NA	S	S NA	NA							
Faculty Initials	AR	AR	AR	FB	FB	FB	FB	FB	FB	BL								

Comments:

Week 2 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation and discussion via CDG posting. 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 therefore this competency was changed to a “S”. 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 9-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

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

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

Comments:

Week 2 A – Access to healthcare is an ethical issue that may be faced with patient discharge planning. The RN explained that there are some insurances that do not cover almost everything, this puts patient health at risk because the needed resources are not easily obtained. This may include medications, assistive devices, meals on wheels, or home health/ assisted living. **This is a great example, and unfortunately happens all too often. AR**

Week 3 A – Informed consent is an ethical issue that could occur during digestive health procedures. Although I witnessed a physician fully explain the procedure and risks that come with it, such as perforation and bleeding, this may not always happen, and it can be a barrier for patient autonomy and their right to make an educated decision. We cannot assume that every patient knows exactly what they are coming in for so we must tell them. **Very true. Great example for the digestive health area. AR**

Week 5 – A legal issue that was observed is defamation. My patient was telling me about a doctor that she went to and she claimed that he was trying to make money off her and that he doesn't know what he is doing because he did not do her surgery right. She had a surgery that ended with infected mesh, although I am not saying she is lying, we do not know the true reason for her infection, and she was making accusatory statements about the doctor that could damage his reputation. **Great example, of an ethical issue I don't know if this is true defamation because the patient has a right to their own opinion and views on what she believed happened to her. FB**

Week 6 – A potential legal issue that I saw was a nurse giving an extra unit of blood to her patient. The oncoming nurse had to write a variance because it is reported to the FDA. If this mistake had caused harm to the patient such as fluid overload, it could be a legal issue. **Interesting situation, I wonder how she was able to administer an extra unit of blood without an order. You are correct that it can cause fluid volume overload especially if the patient has a history of congestive heart failure. FB**

*End-of- Program Student Learning Outcomes

Week 7 – An ethical issue that I saw was one of my patients having no family at all to contact about his care. He came in initially with altered mental status. He was completely immobile, dysphagic, paralyzed on one side, and had a long health history. He did not have interest in talking about changing his code status and every time the hospital tried to call his family, no one would answer. The aggressive measures of resuscitation along with his medical condition would cause a low recovery rate that does not align with most quality of life wishes. It is a difficult matter because we cannot choose for the patient, we can only educate. **Great example, unfortunately you will see this a lot as you progress in your medical career. If there are no wishes in writing and on file with the hospital we must treat as a full code, no matter what our thoughts about the situation might be. You are correct in this case all we can do is educate. If it gets to a point where there is no more to be done an ethical committee may need to be involved and a court appointed guardian will make decisions for the patient. FB**

Week 9 – I witnessed an issue that is both a legal and ethical issue. I watched two nurses help each other attempt to insert a coude catheter. Both knowingly broke sterility during the procedure. Ethically this is wrong because it goes against our duty to act in the patient's best interest (beneficence) and avoid causing harm (nonmaleficence). It is a legal issue because it can be considered malpractice and negligence. This lack of infection control can cause a hospital acquired infection (HAI) or CAUTI that could potentially be life threatening to an already critical patient. **I'm sorry that you witnessed these actions this week in clinical. I'm happy that you recognized that this was wrong, and I'm hopeful you will learn from these nurses' actions on how to better handle a situation like this in the future. I realize as a student it is not always easy to speak up and say something when you witness inappropriate behavior; however, I hope as you grow into your RN role you will feel comfortable and confident to advocate for a patient when you witness a situation when a patient's wellbeing/safety is at risk. I appreciate you taking the time to discuss these concerns with me during clinical so we could work on ways to address this type of issue in the future. Keep up all your great work! BL**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 10 – An ethical issue I saw on the floor was a nurse walking into a room that was on droplet precautions for isolation without any PPE. This is a problem because not only was the nurse putting her own health at risk, but also the other patient(s) that she was caring for. It is not safe to expose oneself to a communicable disease when it is likely that you can give it to another already critical patient on the floor.

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	BL								

Comments:

Week 2 (5c)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the great work. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Excellent in all areas. Student goals: “My goal is to be comfortable taking two patients for the day.” No additional Preceptor comments. JP/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Satisfactory in all areas, except excellent in provider of care: establishment of plan of care, manager of care: communication skills, and member of profession: demonstrates professionalism in nursing. Student goals: “My goal is to work with more IV’s (insertion, meds, etc.)” Additional Preceptor comments: “Great job asking questions! Keep up the good work and good bedside manner. KW/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: “My goal is to have better time management, and to take 3 patients.” Additional preceptor comments: “Doing great, time management to improve!” NM/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Excellent in all areas. Student goals: “My goal is to take 4 patients tomorrow.” Additional Preceptor comments: “Cameron was very knowledgeable and provided safe and appropriate care to her patients.” JW/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Excellent in all areas, except satisfactory in Provider of care: establishment of plan of care.” Student goals: “Seek new

*End-of- Program Student Learning Outcomes

experiences.” Additional Preceptor comments: “Great communication with patients. Took 4 patients today, challenging for workflow. Will work through plan of care.”
JW/FB

Week 9-5(b) Cameron, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and consistently well prepared. You took excellent care of your patient this week. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

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	NA	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	BL								

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

Comments:

Week 2 (6c,f)- Satisfactory discussion and CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinicals, and your Quality Assurance/Core Measures observation, all following the CDG grading rubric. 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: “Cameron did a great job today with her shift report! Only a couple of additions to report by this nurse. Very knowledgeable about her patient. JP/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

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

*End-of- Program Student Learning Outcomes

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 9-6(d) Cameron, great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. 6(e) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

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)*

*End-of- Program Student Learning Outcomes

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 9-7(d) Cameron, you consistently demonstrate all the qualities of "ACE." You also hold high integrity, which is essential as a nurse. Keep up all your hard work. You will be an excellent RN! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Cameron Beltran		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: 03/11/2025-03/12/2025							
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)	3	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well. You would not want to include NSTEMI as part of your assessment findings being that this is a diagnosis determined by the healthcare provider.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. Remember to highlight the risk factors that support the top priority nursing problem as well. Looking at your list of risk factors, all of these could be highlighted for relation to your top priority problem, in addition to the highlighted assessment findings and labs/diagnostics. Nice job identifying potential complications for your top nursing priority problem.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Excellent job with your nursing interventions! You listed all relevant nursing interventions, prioritized them appropriately and provided detailed rationales.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*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	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Excellent job!
	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	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: Satisfactory completion of your Nursing Care Map. Please review all my feedback above.

Excellent job! BL

Total Points: 44/45

Faculty/Teaching Assistant Initials: BL

Care Map Evaluation Tool**
 AMSN
 2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
03/11/2025- 03/12/2025	Decreased Cardiac Output	Satisfactory BL	NA

**

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

Comments:

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

Student Name:

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <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: Comments:</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: Comments:</p>
<p>7. Correlate the patient’s current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient’s pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among 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: Comments:</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: Cameron Beltran **Date:** 03/12/2025

Must complete satisfactorily during 4 Tower debriefing.

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

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 and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
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

*End-of- Program Student Learning Outcomes

Faculty Comments: Cameron, excellent job giving a thorough, accurate, and organized report!

Faculty Signature: Brittany Lombardi, MSN, RN, CNE **Date:** 03/12/2025

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	BL				
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): Cameron Beltran, Kaiden Troike, Karli Schnellinger

GROUP #: 4

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 24, 2025 1430-1630

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, establishes orientation. VS and assessment, patient on monitor. Inquires about symptoms. Notices slow HR, low SpO2. Noticed abnormal lung sounds. Patient reassessed following atropine. Notices SpO2 still low. Notices new heart rhythm.</p> <p>Patient CO palpitations, dizziness. Notices elevated HR, low SpO2. Notices abnormal heart rhythm. Patient CO being SOB. Noticed s/s of fluid overload, bolus paused. Suspecting a PE.</p> <p>Notices unresponsive patient. CPR initiated. 1 mg epinephrine</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>Heart rhythm determined to be sinus tachycardia. SpO2 determined to be low and in need of oxygen. Lung sounds determined to be crackles. SpO2 determined to still be low, O2 increased. Rhythm interpreted to be 2nd degree type 2 AV block. Rhythm changed again- interpreted to be 3rd degree AV block.</p> <p>Interprets heart rhythm to be a-flutter, then SVT. Reinterpreted to be a-fib. SpO2 still low following O2- setting increased. Patient CO of being dizzy. Recognized the need to monitor lung sounds as 1000 bolus is infused. Lung sounds- crackles.</p> <p>Interprets the need for CPR, epinephrine, defibrillation.</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 style="text-align: center;">B</p>						<p>O2 initiated via NC. Call to HCP to request orders, recommends atropine for bradycardia. Order received and read back. Atropine prepared and administered. Increases O2. Call to HCP to suggest transcutaneous pacing, fluid bolus. HCP asks if any additional medications could be utilized for symptomatic bradycardias- epinephrine (dopamine could also be used).</p> <p>Patient on monitor. Call to HCP, reports a-fib and requests betablocker medication, potentially cardioversion- then suggests diltiazem. Dose for bolus provided also for drip. Diltiazem prepared, bolus and drip calculated correctly. Patient asked if she would consent to a cardioversion. O2 increased. Call to HCP to report diltiazem did not convert. SBP down to 80. Diltiazem</p>

*End-of- Program Student Learning Outcomes

	<p>dc'd. NS bolus recommended. Order received for 1000 ml hr bolus. (remember to read back. Patient identified and bolus initiated. Call to HCP to report suspected fluid overload. Order for furosemide, cardioversion.</p> <p>CPR initiated immediately. Amiodarone discusses as an alternative to epinephrine in a code blue situation. Remember to call a code blue.</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). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients 	<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 Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Interventions are tailored for the individual patient; monitors patient progress</p>

*End-of- Program Student Learning Outcomes

<p>who are experiencing dysrhythmias. (1)*</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>closely and is able to adjust treatment as indicated by patient 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 commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>
---	--

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing

Skills Lab Evaluation Tool
AMSN
2025

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

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

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

Student eSignature & Date:

ar 11/15/2024