

**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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)

SBAR/Physician Orders Rubric  
Hand-Off Report Competency Rubric

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

### PERFORMANCE CODE

#### SATISFACTORY CLINICAL PERFORMANCE

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

#### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

#### OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	N/A	N/A	S	S	S	S	NA	NA	S	S	S							
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	N/A	S	N/A	S	S	S	NA	NA	S	S	S U							
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	N/A	S	S	S	S	S	NA	NA	S	S NA	N/A							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	N/A	N/A	N/A	S	S	S	NA	NA	S	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							
Clinical Location	N o  C l	P / D S c a	C D	P M  3 T	P M 3 T	P M  4 N	N/A	N/A	N/A	4C	4P							

\*End-of- Program Student Learning Outcomes

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**Comments:**

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

Week 4 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” Great job. (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Keep up the great work. AR

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(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. Competency 1f was changed to a “NA” because you did not have the opportunity to start an IV. CB

Week 10-1(a-c) Excellent job this week managing complex patient care situations. Your care was well organized, and you did a great job with your time management. All head to toe assessments were thorough and well done. 1(e) The morning medication pass on both Tuesday and Wednesday was completed safely with all seven rights of medication administration observed. On Wednesday, your patient’s IV pump was beeping that the infusion was complete for the Heparin, and you turned it off without an instructor or another RN present. This medication was ordered to be administered continuously to maintain coagulation; therefore, turning the medication off was not safe and put the patient at risk. This was also a violation of FRMC’s policy for what nursing students are allowed to do independently during clinical experiences. You did the right thing by coming to notify me right away that you had turned the IV pump off. We were able to go into the room immediately and get the infusion started again, which prevented any harm from occurring to the patient. We had an extensive discussion on safe medication administration practices, as well as how to manage a Heparin drip. As a reminder, it is very important that you utilize your clinical judgment skills when addressing alarms on IV pumps. If a medication is inadvertently turned off when it is to be continuous, this could lead to many negative outcomes for the patient. Lastly, it is imperative that you have a good understanding of all the medications your patient is on. In this situation, there was lack of knowledge related to why your patient was on the Heparin drip which contributed to your action with the IV pump. I am confident that you learned from this situation, and I know going forward you will be cautious not to make this same mistake in the future. I want to commend you for taking accountability for the error, and for being willing to listen to constructive feedback to help you improve. Please remember to address this “U” on your Week 11 tool following the guidelines on page 2 of this document. If you have any questions, please do not hesitate to reach out. 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
<b>Competencies:</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	N/A	N/A	N/A	N/A S	S	S	NA	NA	S	S	S							
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

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

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

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

Week 7 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient’s disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Week 9(2a,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

Week 10-2(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 this week in debriefing discussing social determinants of health that may have impacted your patient’s health, well-being, and quality of life. BL

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
<b>Competencies:</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
a. Critique communication barriers among team members. <b>(Interpreting)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	N/A	S	N/A	S	S	S	NA	NA	S	S NA	N/A							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

**Comments:**

Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, 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

\*End-of- Program Student Learning Outcomes

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

Week 10-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. BL

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
<b>Competencies:</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	N/A	S	S	S	S	S	NA	NA	S	S	S							
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

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

**Comments:**

Week 2: No Clinical **AR**

Week 3: A legal issue I could possibly witness in Digestive Health would be the consent form not being signed by the patient before they are put to sleep for the procedure they're having done. As well as Dr to patient communication being so brief. **Great examples of potential legal issues, especially for the Digestive Health area. AR**

Week 4: A legal issue I could possibly witness is the nurse not asking ahead of time about caffeine or beta-blocker medication ahead of time and a patient being injured or a complication occur during the stress test. Also the way things are explained to the patient's could be dumbed down so someone with a non-medical background can understand fully what's going on. **These are perfect examples of incidents that can occur. AR**

Week 5: A possible legal or ethical issue would be my patient was in a double room and his roommates medications were sometimes by the computer so it could possibly cause a med error. As well as Dr to patient communication being so brief and the patient feeling not informed of anything. **Great example, medications should not be kept by the computer in any situation especially a double occupancy room. A medication error can easily be made in this situation. It is also not ideal related to the violation of HIPAA, with no privacy when having conversations about care and prognosis of a patient. FB**

\*End-of- Program Student Learning Outcomes

Week 6: A possible ethical issue I could possibly see is there was this very confused patient and she was calling for help, pressing her call light because it was a big red button, and making bird noises. They closed her door and kind of ignored her, she did have a telesitter but that was an ethical one I thought could go either way. As well as my nurse to the patient's wife communication being so brief and her feeling not informed of anything. **Great examples, the telesitter is a little extra insurance for patients but I agree with you the door should not be closed on a patient. If the patient were to fall because some one does not get to them fast enough or something else occurs it could end in a big legal battle. FB**

Week 7: A possible legal issue I observed was that some of my patients who were on fall precautions had none of the yellow signage in the room or bathroom, only the grippy socks. Ethically, today I had a patient get q2h dilaudid, and he came in by squad after being Narcaned from possible OD. He would rate his pain a 9 or 10 every time I'd ask him, but it didn't seem like he was in that much pain; maybe just had withdrawal symptoms. **Fall precautions can turn into a big legal issue if a person were to fall and hurt themselves, this is a national patient safety guideline so all the required safety precautions should be in place and documented accurately. Sometimes it is very difficult to assess pain levels on a patient that might be seeking medications for the wrong reasons. FB**

Week 9: An ethical issue I encountered this week would be my patient is not showing any purposeful brain activity and has a very poor prognosis. However, his support system consists of his girlfriend and daughters and they are debating whether to continue with treatment with a very low quality of life or take him off the ventilator and end his suffering. The physician said that legally it comes down to a majority vote due to the daughter being POA and living in Buffalo, New York. **Unfortunately, these situations are common. This is why it is so important to name someone your POA that will follow your wishes. CB**

Week 10: A legal issue I observed this week was the night shift nurse for my patient had to increase the heparin drip rate before she left. Due to it being a high risk medication it needed a 2nd nurse to verify the proper protocol was used. However the day shift nurse for my patient didn't go with her and told her "I trust you". Secondly, my nurse didn't enter my patient's room to assess or perform any interventions until we were heading out for the day. I appreciated the autonomy but it just concerned me that she didn't check in with me on how he was doing. **Great job identifying these legal/ethical concerns. Whenever an IV medication requires a cosigner for rate adjustments, it is very important that both RNs are present when the IV pump is being programmed. This is to prevent any mistakes from being made that could harm the patient. I hope you can learn from this situation and will choose to perform differently from these RNs in your own practice. Additionally, the bedside RN maintains all responsibility for the care of a patient even when a student nurse is assigned to care for the patient. It is never ok for the nurse to leave all care and assessments to the student. BL**

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## Objective

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

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

**Comments:**

**Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Satisfactory in all areas, except NA for manager of care: delegation. Student goals: “Answer more call lights and seek out more opportunities to learn new skills.” Additional Preceptor comments: Great job caring for 1-2 patients today! Lots of patient discharges today. Great job with communication with patients and families.” CA/FB**

Week 6 (5a) I assisted in changing a scrotal dressing change and assisted with a straight catheter sterile procedure. The educator Ben showed me how to use the ultrasound monitor to get an IV on a very very hard stick patient.

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: “Keep pushing for more med passes involving IV pushes and asking more questions. Additional Preceptor comments: “Great at communicating and educating patients when needed.” SG/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: “Take advantage of new learning opportunities and seek help when needed.” Additional preceptor comments: “Kaden was very helpful in all areas today, even those not pertaining to his own patients! He was also very eager to learn!” AT/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Excellent in all areas. Student goals: “Keep learning hands on skills while putting myself into situations to enhance my learning.” Additional Preceptor comments: “Kaden greatly exceeded all my expectations today. He seeks out every opportunity to learn and demonstrates great head to toe assessments as well as med administration skills. Great rapport with patients. Excellent work today.” SV/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Excellent in all areas. Student goals: “Pursue an RN job application on 3T or 4N to gain experience and master skills.” Additional Preceptor comments: “Kaden did a great job today. He’s very helpful! His patients loved him! Kaden will be successful where ever he decides to go! He’ll be a great RN!.” KS/FB

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

Week 10-5(b) Kaden, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and well prepared. You took excellent care of your patients this week. 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
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\*End-of- Program Student Learning Outcomes

<b>Competencies:</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>																		
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	N/A	N/A	N/A	S	S	S	NA	NA	S	S	S							
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	N/A	S	S	S	S	S	NA	NA	S	S	S							
d. Deliver effective and concise hand-off reports. <b>(Responding) *</b>	N/A	N/A	N/A	S	S	S	NA	NA	S	S	S							
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	N/A	N/A	N/A	S	S	S	NA	NA	S	S	S							
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	N/A	N/A	S	S	S	S	NA	NA	S	S	S							
<b>Faculty Initials</b>	AR	AR	AR	FB	FB	FB	FB	FB	FB	CB	BL							

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

**Comments:**

Week 4 (6c,f)- Satisfactory CDG postings related to your Cardiac Diagnostics, Patient Advocate/Discharge Planner, and Quality Scavenger Hunt clinical experiences. 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: "Nice job!" CA/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. (6f) Make sure you are placing the CDG under the correct faculty member for review! FB

\*End-of- Program Student Learning Outcomes

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

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

Week 9(6d,f): Excellent job with your hand-off report, you were Satisfactory scoring a 30/30 per the hand-off report rubric. You provided a very thorough and detailed report on your patient, good job! Satisfactory completion of your pathophysiology, meeting all cdg requirements. Please see the grading rubric below. CB

Week 10-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 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)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b> a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S								

\*End-of- Program Student Learning Outcomes

b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	N/A	S	S	S	S	S	NA	NA	S	S	S							
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>CB</b>	<b>BL</b>							

**Comments:**

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

Week 10-7(d) Kaden, you consistently demonstrate all the qualities of "ACE." 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

<b>Student Name:</b> Kaden Troike							<b>Course Objective:</b> Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.
<b>Date or Clinical Week:</b> 3/18/25-3/19/25							
Criteria		3	2	1	0	Points Earned	Comments
<b>N</b> <b>o</b> <b>t</b> <b>i</b> <b>c</b> <b>i</b> <b>n</b> <b>g</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Excellent job identifying abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying risk factors relevant to your patient as well. The patient also had a wound on his left upper arm that should be included in your assessment findings. One other risk factor that would have been important to include is your patient's history of a liver transplant.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>I</b> <b>n</b> <b>t</b> <b>e</b> <b>r</b> <b>p</b> <b>r</b> <b>e</b> <b>t</b> <b>i</b> <b>n</b> <b>g</b>	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. Impaired skin integrity would be important to list as well. You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. 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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>R</b> <b>e</b> <b>s</b> <b>p</b>	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	

<b>o n d i n g</b>	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	

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	
<b>R e f l e c t i n g</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job!
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	

### Reference

An in-text citation and reference are required.

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

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

<p>Total Possible Points= 45 points  45-35 points = Satisfactory  34-23 points = Needs Improvement*  &lt; 23 points = Unsatisfactory*  <b>*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.</b></p> <p><b>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</b></p> <p><b>Faculty/Teaching Assistant Comments:</b> Satisfactory completion of your Nursing Care Map. Please review all my feedback above.  Excellent job! BL</p>	<b>Total Points: 45/45</b>
	<b>Faculty/Teaching Assistant Initials: BL</b>

Care Map Evaluation Tool\*\*  
AMSN  
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
3/18/25-3/19/25	Excess Fluid Volume	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.**

\*End-of- Program Student Learning Outcomes

Comments:

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

Student Name: **Kaden Troike**

Clinical Date: **3/11-12/2025**

<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"><li>• Current Diagnosis (2) <b>-2</b></li><li>• Past Medical History (2) <b>-2</b></li></ul>	<b>Total Points: 4</b> <b>Comments: Great job discussing your patient's current diagnosis and past medical history.</b>
<b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b>	<b>Total Points: 6</b> <b>Comments: Excellent job! Pathophysiology is detailed</b>

\*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6) -6</li> </ul>	and accurate.
<p><b>3. Correlate the patient’s current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient’s signs and symptoms included (2) -2</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) -2</li> <li>• Explanation of how all patient’s signs and symptoms correlate with current diagnosis. (2) -2</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> 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.</p>
<p><b>4. Correlate the patient’s current diagnosis with all related labs. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient’s relevant lab result values included (3) -3</li> <li>• Rationale provided for each lab test performed (3) -3</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) -3</li> <li>• Explanation of how each of the patient’s relevant lab result values correlate with current diagnosis (3) -3</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments:</b> All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient’s diagnosis. The liver enzymes that were not in normal limits was a result of the cardiac arrest and the liver not receiving enough blood flow, which causes shock liver or ischemic hepatitis.</p>
<p><b>5. Correlate the patient’s current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient’s relevant diagnostic tests and results included (3) -3</li> <li>• Rationale provided for each diagnostic test performed (3) -3</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) -3</li> <li>• Explanation of how each of the patient’s relevant diagnostic test results correlate with current diagnosis (3) -3</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments:</b> 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. Head CTs are performed due to a change in mental status and because the patient is not responding since the code blue. This is to check for any bleed or possible shifting. 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>
<p><b>6. Correlate the patient’s current diagnosis with all related medications. (9 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (3) -3</li> <li>• Rationale provided for the use of each medication (3) -3</li> <li>• Explanation of how each of the patient’s relevant medications correlate with current diagnosis (3) -3</li> </ul>	<p><b>Total Points: 9</b>  <b>Comments:</b> Great job including all medications, all information is detailed and accurate.</p>
<p><b>7. Correlate the patient’s current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2) -2</li> <li>• Explanation of how patient’s pertinent past medical history correlates with current diagnosis (2) -2</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> Great job correlating the patient’s past medical history with current diagnosis. Kaiden, one of your patients admitting diagnosis was CAD, so this could have definitely played a role in why he went into</p>

	cardiac arrest.
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>All nursing interventions provided for patient prioritized and rationales provided (6) -6</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> All pertinent nursing interventions are prioritized and you provided detailed rationales. I would have included vital signs Q1 hour. Also, ventilator assessments along with the ETT and restraints are done hourly. It is especially important that your patients RIJ quad is checked frequently due to the no blood return in the white port.</p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2</li> <li>Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) -2</li> <li>Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) -2</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient. A chaplain is a great team member that could assist at this time in the difficult the decision that the family has to make.</p>
<p>Total possible points = 65  51-65 = Satisfactory  &lt; 51 = Unsatisfactory</p> <p><b>Course Objective:</b> 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 65/65</b>  <b>Comments:</b> Excellent job, Kaden! 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:**           Kaden Troike           **Date:**           3/12/2025          

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

<b>23-30 points = Satisfactory</b>	<b>&lt; 23 points = Unsatisfactory</b>
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**CRITERIA**

	<b>Meets Expectations 5</b>	<b>Needs Improvement 3</b>	<b>Does Not Meet Expectations 0</b>	<b>POINTS</b>
<b>Introduction Safety (1,2)*</b>	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	<b>5</b>
<b>Situation (3)*</b>	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the	<b>5</b>

\*End-of- Program Student Learning Outcomes

			patient's situation.	
<b>Background</b> (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
<b>Assessment Laboratory/Diagnostic Testing</b> (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
<b>Actions</b> (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
<b>Communication Prioritization</b> (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
			<b>TOTAL POINTS</b>	<b>30/30</b>

Faculty Comments:     Kaden, great job giving a thorough detailed hand-off report on your patient. You scored 30/30 per the 4T grading rubric.

Faculty Signature:     Chandra Barnes, MSN, RN    

Date:     3/12/2025

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

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

\*End-of- Program Student Learning Outcomes

Faculty Initials	FB	FB	FB	CB	BL			
<b>Remediation: Date/Evaluation/ Initials</b>	NA	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					OBSERVATION NOTES
<b>NOTICING: (1,2)*</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>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
<b>INTERPRETING: (1,2)*</b>					<p>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 2<sup>nd</sup> degree type 2 AV block. Rhythm changed again- interpreted to be 3<sup>rd</sup> degree AV block.</p>
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	

\*End-of- Program Student Learning Outcomes

	<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><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: B E A D</li> </ul>	<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 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><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*</b></li> <li>• <b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul> <p>You are satisfactory for this scenario. Nice work! BS</p>	<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 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>
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Firelands Regional Medical Center School of Nursing  
 Skills Lab Evaluation Tool  
 AMSN  
 2025

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>									
	<b>Meditech Document (1,2,3,4 ,5,6)*</b>	<b>Physi cian Order s/SB AR (1,2,3 ,4,5,6 )*</b>	<b>Priori tization/ Deleg ation (1,2,3, 4,5,6) *</b>	<b>Res usci tation (1,3, 6,7) *</b>	<b>IV Star t (1,3, 4,6) *</b>	<b>Blo od Ad min ./IV Pu mps (1,2, 3,4, 5,6) *</b>	<b>Central Line/ Blood Dra w/P orts (1,2, 3,4, 6)*</b>	<b>Head to Toe Assess ment (1,2,6) *</b>	<b>EC G/ Hand- off report/ CT (1,6 )*</b>	<b>ECG Measur ements (1.2.4.5. 6)*</b>
	<b>Date: 1/7/2025</b>	<b>Date: 1/7/2025</b>	<b>Date: 1/7/2025</b>	<b>Date: 1/7/2025</b>	<b>Date: 1/9/2025</b>	<b>Date: 1/9/2025</b>	<b>Date: 1/10/2025</b>	<b>Date: 1/10/2025</b>	<b>Date: 1/10/2025</b>	<b>Date: 1/10/2025</b>
Performance Codes: S: Satisfactory U: Unsatisfactory										
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
<b>Remediation: Date/Evaluation/Initials</b>	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

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**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

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

**ECG Measurements:** Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You accurately measured and interpreted a 6-second rhythm strip for Normal Sinus Rhythm. Great job! FB

**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

\*End-of- Program Student Learning Outcomes