EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Andrea Pulizzi

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: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	N/A	N/A	~~N/A~~ S	S	S	S	NA	NA	**S**	S	S							
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	N/A	N/A	N/A	N/A	N/A	N/A	NA	NA	**NA**	S	S							
e. Administer medications observing the seven rights of medication administration. **(Responding)**	N/A	~~N/A~~ S	N/A	S	S	S	NA	NA	**S**	S	S							
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	N/A	S	N/A	N/A	N/A	N/A	NA	NA	**S**	N/A	N/A							
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**							
Clinical Location	N/A	Digestive Health	Patient Advocate	3T	3T	4N	N/A	N/A	N/A	4C	4P							

Comments:

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

Week 4 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job. AR

*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 three patients during your patient management clinical experiences this week! Try to manage at least four during your next clinical experience. Great job! FB

Week 7 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 9(1a,b,d,e): Great job this week managing complex patient situations while on 4C. You were able to perform thorough assessments, interpret your patient's cardiac rhythm, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the seven rights of medication administration and utilized the BMV system. CB

Week 10-1(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. All head to toe assessments were very thorough and well done. Medication passes were safely done following all seven rights. Great job monitoring your patient very closely on 4P to ensure positive patient outcomes. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	N/A	N/A	N/A	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							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**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. (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

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and with discussion via CDG posting. Great job. AR

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

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

Week 7 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 9(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. 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

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: 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	N/A	N/A	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							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**							

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

Comments:

Week 3: 4a.) When a patient is discharged from digestive health, they need an individual to drive them home. A potential legal issue could arise if a patient were to drive themselves home as they were given a sedative and it would be dangerous if they were to drive afterwards. To ensure this doesn't happen, digestive heath confirms multiple times with the patient that they have a ride home. When the patient is filling out paperwork, they need to list the contact information for the driver; in addition, the nurse verifies with the patient that they have a ride when the patient is being check in. Lastly, staff wheel the patient out to the car and can verify someone else is driving the patient home. This is an important example and definitely pertains to Digestive Health. AR

Week 4: 4a.) Patient access to healthcare is an ethical issue that can arise after a patient is discharged from the hospital. The discharge planner is in charge of following up with patients after discharge to ensure they understand their plan of care. An important aspect of their plan of care is following up with their primary healthcare provider. The discharge planner works hard to ensure patients can meet with their PCP and barriers such as transportation do not keep patients from their follow up appointments. Having access to healthcare, such as prescriptions, therapy, and doctor's appointments, keeps patients from needing to return to the hospital. This is a great example of a potential ethical issue, which could also carry over into being a legal issue. AR

Week 5: 4a.) An example of an ethical and legal issue is ensuring a patient's health and safety while maintaining patient autonomy. My nurse preceptor had a patient who had a psych history and was admitted to the hospital for medical reasons. She was overall unhappy with her hospital stay and threatened to sign out AMA multiple times. The concern of her medical team was that she had a newly diagnosed mass in her GI system and needed to follow-up with gastroenterology. Her doctor was considering pink slipping her to ensure she has the proper medical care. This is a difficult situation all around as preventing the patient from signing out AMA infringes on her right to make her own medical decisions. However, her medical team wants to ensure that she gets proper care for her medical diagnoses. Luckily, the patient and doctor were able to agree to a plan of care and she was discharged. Great example, this is a very difficult situation. The patient does have the right to refuse, but if she is

*End-of- Program Student Learning Outcomes

experiencing a psychiatric issue that impedes her ability to make an informed decision it could definitely turn into a big legal issue if something happens resulting in a negative outcome for the patient. Documentation has to be very thorough when the healthcare provider is recording all interactions with the patient. FB
Week 6: 4a.) An ethical issue I observed this week was a patient being denied for inpatient rehab. One of my patients was a 79 year old male with a history of peripheral artery disease recovering from a recent below the knee amputation of his right leg. He seemed like the perfect candidate for inpatient rehab, so it was surprising that his insurance denied him. Working with PT/OT on a daily basis would be greatly beneficial to help him with this new lifestyle change and help him gain independence. The patient was working with case management to appeal this denial. I hope he wins the appeal because I've seen the great work the PT/OT team on 5T do and I believe that he would benefit from it greatly. It is very sad that the insurance company dictates the care a patient receives. Great example of both an ethical and legal issue. FB
Week 7: 4a.) An ethical problem me and my nurse experienced this week was with a patient and his insulin regimen. He was upset over the orders the hospitalist had for his insulin schedule; he felt as though he was not receiving enough and that was contributing to his blood sugars being over 300. Patient autonomy is an important part of ethics in healthcare. Providers should consider their patients' preferences when managing their conditions. Great example, you are correct the physician should have conversation with the patient. We want the patient to be involved in their healthcare, therefore they should be included in the plan of care that is developed for them. The physician will write orders, the nurse are the ones to implement and are often the ones to get scolded by the patient because they were not included in the plan. FB
Week 9: 4a.) A potential ethical issue when providing care in the ICU is unprofessional behavior around an intubated patient. Since these patients are sedated and unable to speak it can be easy to forget that they may be more aware of their surroundings than they appear. For example, my patient was only lightly sedated and she ws able to follow commands very well; I am sure she was much more aware of her surroundings than she looked. A good rule of thumb is to act in the same manner as you would a completely alert patient. Andrea, this is a great example. We sometimes forget that a sedated and intubated patient can still be aware what is going on around them and they can still hear. CB
Week 10: 4a.) In report, it was passed along that the patient had been bladder scanned and straight cathed multiple times, however, on further inspection, there was no provider order for a straight catheterization. A nurse carries out interventions through provider orders, whether they are direct orders or standing orders. It could be potentially dangerous for a nurse to carry out interventions without an order. If a negative patient outcome occurred, the nurse could be held liable. Excellent job, Andrea! A big takeaway from this situation is that you must always verify your patient's orders before carrying out any actions that require them. Just because the previous nurse may tell you in report that the patient has an order for something, it does not take away your responsibility to check and verify. BL

Week 10-4(b) Excellent job this week engaging with your patient and her family. You did a great job keeping the family updated on the plan of care, and they were so impressed that they complimented you as well. Keep up all your great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	N/A	S	S	S	S	S	NA	NA	S	S	S							
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	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. **(Interpreting)**	N/A	S	N/A	S	S	S	NA	NA	S	S	S							
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	N/A	S	S	S	S	S	NA	NA	S	S	S							
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	N/A	S	S	S	S	S	NA	NA	S	S	S							
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	N/A	S	S	S	S	S	NA	NA	S	S	S							
Faculty Initials	**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. Student goals: "Try a patient load of 3, seek out new learning opportunities, research patient diagnosis more in depth." No additional Preceptor comments. EW/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas, except satisfactory in provider of care: collection/documentation of data, manager of care: delegation. Student goals: "Stay on top of my charting, make to do lists to help cluster care." Additional Preceptor comments: "Andrea does a very nice job with time management and with being thorough with her care and skills. Working toward formulating a plan for clustering care is a great goal especially with the assignment she has today (very task heavy)." MM/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas, except satisfactory in provider of care: collection/documentation of data, manager of care: delegation. Student goals: "Continue to strengthen my assessment skills and time management skills." Additional preceptor comments: "Andrea did a great job working on prioritization of care. She did a great job with skills. I have no doubt she will be a safe and competent nurse once she gets more comfortable with charting and time management. Great job managing a heavy 3 patient assignment." NM/FB

*End-of- Program Student Learning Outcomes

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Excellent in all areas. Student goals: “Increase patient load to 4 patients, continue to increase my confidence with hanging IV meds.” Additional Preceptor comments: “Andrea did a wonderful job managing three patients! She also got new experience administering medications through a Dobhoff.” SJ/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Excellent in all areas. Student goals: “Take all of the knowledge and skills I have learned in patient management and apply them to my nursing practice.” Additional Preceptor comments: “Andrea did a great job at time management and de-escalating patient situations.” DS/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) Andrea, 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 patient this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	N/A	S	S	S	S	S	NA	NA	**S**	S	S							
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	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. **(Responding)**	N/A	S	S	S	S	S	NA	NA	**S**	S	S							
d. Deliver effective and concise hand-off reports. **(Responding)** *	N/A	N/A	N/A	N/A	S	N/A	NA	NA	**S**	S	S							
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S							
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	N/A	N/A	S	S	S	S	NA	NA	**S**	S	S							
Faculty Initials	**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 Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep up the great work. AR

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

Week 6 (6d,f)- Satisfactory completion of patient management hand off report competency rubric 30/30, reported by RN on 2/11/2025. Comments: Andrea spent time re-writing report sheets for both of her patients and I did not have to add much at all. She communicated what was important accurately and precisely! MM/FB
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(6f): 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(d) Great job giving a detailed, thorough and accurate hand-off report during debriefing. You received 30/30 points. 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

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: 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	S							
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							
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**CB**	**BL**							

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

Week 10-7(d) Andrea, 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

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Andrea Pulizzi **Date or Clinical Week:** 03/18/25-03/19/25				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
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 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. For risk factors, it would be important to add that the patient was sexually active as well.
	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. 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	
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	Great job!
	15. Evaluation includes one of the following statements: • 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: 45/45

Faculty/Teaching Assistant Initials: BL

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
03/18/25- 03/19/25	Infection	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:

*End-of- Program Student Learning Outcomes

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

Student Name: Andrea Pulizzi **Clinical Date: 3/11-12/2025**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) -2 • Past Medical History (2) -2	**Total Points: 4** **Comments:** Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6) -6	**Total Points: 6** **Comments:** Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) -2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) -2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) -2	**Total Points: 6** **Comments:** All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) -3 • Rationale provided for each lab test performed (3) -3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) -3	**Total Points: 12** **Comments:** Excellent job, Andrea! 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.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) -3 • Rationale provided for each diagnostic test performed (3) -3 • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) -3 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) -3	**Total Points: 12** **Comments:** Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.

*End-of- Program Student Learning Outcomes

6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3) -3 • Rationale provided for the use of each medication (3) -3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) -3	**Total Points: 9** **Comments:** Great job including all medications, all information is detailed and accurate.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) -2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) -2	**Total Points: 4** **Comments:** Great job correlating the patient's past medical history with current diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6) -6	**Total Points: 6** **Comments:** All pertinent nursing interventions are prioritized and you provided detailed rationales.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) -2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) -2	**Total Points: 6** **Comments:** Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **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)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points: 65/65** **Comments:** Excellent job, Andrea! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB

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: __Andrea Pulizzi_____ **Date**: __03/19/2025_____

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: ___Andrea, excellent job giving a detailed, accurate, and organized report!_____

_____

_____

Faculty Signature: _**Brittany Lombardi, MSN, RN, CNE**_____**Date:** ___**03/19/2025**_____

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

Comments:

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

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Lynette Swinehart, Trenton McIntyre, Lindsey Steele, Andrea Pulizzi
GROUP #: 3
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 24, 2025 1230-1430

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Patient identified, begins VS and assessment. Patient CO being very tired. Notices SpO2 of 92. Heart and lung sounds auscultated. Notices low HR. Rhythm change noticed. Noticed HR dropped further. When prompted, notices additional rhythm change. Patient identified. Patient CO palpitations, SOB. Monitor applied, VS, assessment begins. Heart and lung sounds auscultated. Abnormal heart rhythm noticed. Noticed low SpO2. Patient continues to experience dizziness. Notices unresponsive patient, monitor applied, code blue called.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	SpO2 interpreted to be low. Lung sounds interpreted to be crackles. HR determined to be sinus bradycardia. New rhythm interpreted to be 3rd degree AV block. Reinterpreted to be 2nd degree type II AV block. New rhythm interpreted to be 3rd degree AV block. Heart rhythm identified to be a-fib. SpO2 interpreted to need supplemental O2. Bp interpreted to be low and in need of intervention. Lung sounds interpreted to be crackles. Interpreted the need to begin CPR and defibrillate.
RESPONDING: (1,2,3,5,6,7)* • 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	Oxygen applied in response to SpO2 being 92%. Establishes orientation. O2 increased to 3L, 4L. Call to update HCP. HCP requests rhythm- sinus brady. Atropine recommended, doses provided. Order received- not read back. Atropine prepared, patient identified, atropine administered. 2nd dose administered with rhythm change. Patches applied. Alternate medications discussed- epinephrine, dopamine are appropriate options. Rhythm changed again to complete heart block. Pacing verbalized as a treatment option. Heart rhythm correctly identified. Patches and O2 applied. Call to HCP to report a-fib, requests diltiazem or amiodarone. Order received for diltiazem bolus and drip, order read back. Bolus initiated, med explained to patient. Call to HCP to report current condition with decreased BP, recommended IV fluid. Orders received and read back. Call to HCP with improved BP but increases SOB and work of breathing, crackles. Suggests amiodarone or

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	cardioversions. Dosages of amiodarone provided. Patches applied, CPR initiated, ambu bag initiated. 1 mg epinephrine q 3 minutes. Amiodarone mentioned as an alternative to epinephrine for cardiac arrest.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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! 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. 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!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)***	Lasater Clinical Judgement Rubric Comments: 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 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 Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding Develops interventions on the basis of relevant patient data; monitors progress regularly

*End-of- Program Student Learning Outcomes

• **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*** You are satisfactory for this scenario. Nice work! BS	but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

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Skills Lab Evaluation Tool
AMSN
2025

*End-of- Program Student Learning Outcomes

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/ FB	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

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