

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

| Date | Number of Hours | Comments | Make Up (Date/Time) |
|-----------|---------------------------------|---------------------------------------|---------------------|
| 1/24/2025 | 1H | Didn't submit Scavenger Hunt document | 1/29/2025 |
| 3/18/2025 | 8H | Illness- 4C clinical absence | |
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| | | | |
| 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: | n/a | n/a | n/a | S | S | S | NA | NA | S | S | S | | | | | | | |
| 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 | S | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting) | n/a | n/a | n/a | S | S | S | NA | NA | S | S | S | | | | | | | |
| e. Administer medications observing the seven rights of medication administration. (Responding) | n/a | n/a | n/a S | S | S | S | NA | NA | S | S | S | | | | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding) | n/a | n/a | S | n/a | n/a | n/a | NA | NA | S NA | NA | NA | | | | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding) | n/a | n/a | n/a | n/a | S | S | NA | NA | S | S | S | | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | CB | BL | | | | | | |
| Clinical Location Quality assurance | | | | | | | | | | | 4C | 4P | | | | | | |

Comments:

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

Good job. AR

Week 4 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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

*End-of- Program Student Learning Outcomes

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

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

Week 9- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We briefly discussed your patient's heart rhythm and will continue discussion of rhythm identification and measurement over the next few weeks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

Week 10(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (PO), following the rights of medication administration. Great job! CB

Week 11-1(a-e,g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Medication passes were safely done following the seven rights. Great job monitoring your patient very closely on 4P to ensure positive patient outcomes and comfort. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----|----|----|----|---------|-------|
| Competencies: | n/a | n/a | n/a | 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 | 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 | 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 | n/a | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | 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. (2c) As you are caring for patients and assessing you are looking for any changes and taking action to ensure positive patient outcomes, therefore this competency was changed to a “S”. (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. Make sure you are reading all competencies and giving yourself credit for care that is implemented. FB

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

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

Week 9- 2a- You did a great job correlating the relationships among your patient's disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete your pathophysiology CDG this week. 2e- You were also respectful of the patient's family members as they went through this difficult situation. BS

Week 10(2e): Anthony, you do a great job respecting your patient and family's needs, ensuring that optimal care is provided around their needs. CB

Week 11-2(b,c) Great job discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. 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. 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 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----|----|----|----|---------|-------|
| Competencies: | n/a | n/a | n/a | n/a | S | S | NA | NA | S | S | S | | | | | | | |
| a. Critique communication barriers among team members. (Interpreting) | | | | | | | | | | | | | | | | | | |
| b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding) | S | S U | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding) | n/a | S | n/a | 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 | S | S NA | NA | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | CB | BL | | | | | | |

Comments:

Week 2 (3b)- Satisfactory during Quality Assurance/Core Measures observation experience and with discussion via CDG posting. AR

Week 3 (3b) You have received an unsatisfactory evaluation for this competency due to not submitting your Quality Scavenger Hunt to the assigned dropbox by the due date and time. You will need to get the document submitted by Friday, 1/31/2025 at 0800, and refer to page 1-2 of this tool to correctly address the “U” on your Week 4 tool. (3c)- Satisfactory discussion via CDG posting related to your Quality Scavenger Hunt clinical experience. AR

Week 3 3b U acknowledgement – I made sure to get the assignment turned in as soon as possible, I will make sure to read through our CDG guidelines and instructions to ensure that no assignments are forgotten about or missed. Doing this will ensure that I am aware of what documents need turned in by the appropriate date and time. Good plan. 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

*End-of- Program Student Learning Outcomes

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

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

Week 10(3e): This competency was changed to a “NA” due to it being specific for patient management. CB

Week 11-3(b) Great job participating in the discussion of quality indicators and core measures. BL

Objective

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----|----|----|----|---------|-------|
| Competencies: | S | S | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting) | | | | | | | | | S | | | | | | | | | |
| b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding) | n/a | n/a | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding) | n/a | n/a | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | CB | BL | | | | | | |

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

Comments:

Week 2 4a – Legal issue observed during rapid response/standard of care education, the educator presented a picture of a patients chart from one south. The patients chart showed receiving an IM injection and then 4 hours that followed the charting was identical to the first hours charting. This shows that the charting was copied and pasted indicating their most likely was no true observation of the patient and falsifying medical records. **This is a great example of the importance of accurate documentation and not just copying/pasting previous information. AR**

Week 3 4a – An example of a legal issue is a patient advocate not properly trying to help achieve that patient needs. If they are not properly trying to advocate for that patient to make sure they are receiving all the proper standards of care then they can potentially leave themselves open for a malpractice lawsuit. **Very true, and that also goes against what the Patient Advocates job really is. Great example. AR**

Week 4 4a – During clinicals the hand sanitizer compliance inspector arrived in digestive health and was observing all staff compliance with foaming in and foaming out of patient’s rooms. If you are not properly foaming in and out of patient’s rooms, then you have a chance of carrying bacteria from one patient to the next. A patient then acquiring an infection from the hospital puts the hospital at legal risk due the patient being infected due to hand hygiene negligence. **Perfect example. AR**

Week 5 4a – An ethical issue I believed I was informed about by the patient was she stated when she asked about homeless shelter resources to the case manager and her first attempt was ignored and told we had none. A few days later she asked again is there was any way they could give her information about homeless shelters since she is not from around here. The case manager was the same one from days ago came in and gave her papers rudely as if she was being a bother. In a way It sounded like the pt was being discriminated against by the case manager in not wanting to fully provide asked information and being kind/polite when pt asked for assistance. **It is the responsibility of the case manager to provide assistance for the discharge of a patient. That behavior is unacceptable and could cause a legal issue for the hospital**

*End-of- Program Student Learning Outcomes

especially since she requested this information. If something happened to the patient because the information was not given it could result in a negative outcome for the patient. FB

Week 6 4a – A slight ethical issue I had was with one of my patients who has recently underwent back surgery specifically on his L1-L3. He was stating he has pain as expected, the nurse prior to us administered 10 mg of Oxycodone one hour before shift change and upon assessment the patient's pain had only very slightly improved. Due to this we administered 1 mg of PRN dilaudid which helped his pain very well and the initial plan was to continue to manage his pain through the day with this PRN oxycodone. With the plans of therapy and frequent moving the oxy did not cover his pain very well with all the physical exertion and he would ask for pain meds often stating pain 8-9/10. I would mention it to the nurse, and I was told we are only doing his oxy for now since he is being discharged tomorrow, and we can't send him home on dilaudid which I understood. I just felt like he should have at least received stronger pain medication when therapy would come to work with, he so he could do more and refuse less often. I spoke with my nurse and his main reasoning was he will be sent home with pain pills and will need to be able to manage with only those which again I understood. Pain is very subjective and it is very patient dependent. This makes it very difficult to manage at times. There are different pain medications and sometimes it just takes getting the right combination. Something else might work better for the patient. It will be important for the patient to move for a smoother recovery. I understand the concerns of the nurse but maybe a combination of different medications might have worked better for the patient. FB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 4a – No legal or ethical issues were observed this week. A potential legal issue could be one of my patients went down for surgery to have a Right Tibial nailing and they made sure to mark the correct leg but if they marked the wrong one and operated on the wrong leg could have led to legal issues such as law suit due to then needing to fix the correct leg and due to that the patient wouldn't have been able to walk. He would be non-weight bearing on both legs and due to that he would have been bed rest increasing risk of bed sore development. Overall putting the hospital at risk of lawsuit. Great example, marking the correct leg by the surgeon and verifying with the patient is part of the National Patient Safety Guidelines. This should also be checked right before the patient is given any mind-altering medications. FB

Week 9 4a – The main ethical issue with my patient was the physician believed that if she does not get over the initial hump to thrive then he believed that she will only have about a 10% chance of survival. He stated initially patients that have diagnosed with ischemic and necrotic bowel have about a 50-50 chance and on top of her CRT and not apparent improvement of kidney function her chances of survival have slowly decreased. The patient is still a full code at this time and the physician had intentions to full break down the patient's condition to the sister who I believe is her POA since she does not have a good relationship with her family. She had two visitors on Tuesday who I believe were family and stated her mother was like this in the hospital and they know she would not want to be hooked up to everything like her so if they are not the POA and the POA does decide to remain full code and continue with all interventions I believe there will be some ethical issues with determining the future of code status and interventions that will continue. Great points, Anthony. This is an issue seen often in the ICU setting, and it makes it important for us to be educated about the legalities surrounding these decisions. You will be involved in educating families and helping them through these conversations. When the provider has these conversations with them, it is sometimes the first time they are hearing these things and they just agree. Then when the physician leaves, as I'm sure you know, they flood you with questions because they really do not understand. BS

Week 10 4a – An ethical dilemma my patient is experiencing is currently she is switching between high flow and Bipap to bring down her CO2 levels and each day they are slowly going up. The physician explained to the husband that at her rate we are going to need to intubate her again because our current max interventions are not sufficient enough to achieve the wanted outcome. He also explained to the husband that if her levels are only going down on the ventilator and nothing else the only way to chronically assist her would be to put in a tracheostomy. He does not believe that is a decision he can make on his own but with her increased confusion at times due to elevated CO2 levels and how they are climbing each day she won't be in mental capacity to make that decision especially if she is obtunded again. On one hand I believe the husband wants to do the surgery so he still has his wife but doesn't want to because he is unsure if that is a life she would want to live plus she would need 24/7 care. Anthony, great example. This is why it is so important that someone you trust knows exactly what you want. This patient has a chronic respiratory history, so I am sure that there has been discussion in the past about what she would ultimately want. CB

Week 11 4a – An ethical dilemma for my patient this week was initially the patient’s son wanted to keep her as a full code but thankfully after her full condition was explained and that they didn’t believe if they performed certain interventions such as intubation she would be able to recover from them afterwards. In her current condition she is at end of life and needs to be transitioned into hospice which is now the next step in her plan of care but if all the details were not fully given to the son who it seems is not completely involved in her care then she would of remained a full code and would not of been able to undergo the intervention’s that would of be needed to be implemented to sustain her life. I believe if she would have been forced to remain a full code an ethics committee would of needed to be consulted because to weight pros and cons of interventions vs outcomes because he quality of life would have been almost zero if all preventive measures and lifesaving interventions were performed. She would have a high probability of not being able to come off the ventilator and that is no way for a person to live, she needs to be transitioned to hospice to be allowed to be comfortable and treated properly so she can peacefully pass with minimal distress and discomfort. **Nice job, Anthony. You took great care of your patient this week, keeping her as comfortable as possible. BL**

Objective

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

*End-of- Program Student Learning Outcomes

Comments:S

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

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Satisfactory in all areas. Student goals: “Improve on finding ways to fill my free time such as asking my nurse any tasks that need to be completed or asking more people if there is any way that I can help them.” Additional Preceptor comments: “Already has a job here.” BD/FB (5e) This competency was changed to a “S” because you are using the evidenced based tools as you provide care to your assigned patients. If you are unsure of EBP guidelines or tools used in patient care, please become familiar with them. They are put into place to ensure positive patient outcomes. FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas, except satisfactory in manager of care: delegation. Student goals: “Utilize my resources more such as delegation to PCT in times of monitoring my patient.” Additional Preceptor comments: “Very attentive to patients. Rechecks patients in appropriate time frame after providing critical interventions. Would encourage patient to use provided and available resources.” JW/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas. Student goals: “Improve with providing D/C education.” Additional preceptor comments: “Excellent skills. Obvious LPN skills. Great communication with patient. Patient assignment required lots of TLC.” JW/FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Excellent in all areas, except satisfactory for provider of care: collection/documentation of data, manager of care: communication skills. Student goals: “Take a full patient load and manage time better.” Additional Preceptor comments: “Anthony did great with patient education and care and was able to go see an ortho surgery can’t wait until he’s an RN on the floor.” PW/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Excellent in all areas. Student goals: “Change chest tube dressings and monitor ventilators.” Additional Preceptor comments: “Anthony did great and was able to discharge and educate his patients on a vast majority of different diagnosis.” PW/FB

Week 9- 5a,b- Nice work this week on the clinical floor. You were also willing to help your fellow students when asked. 5c/e- During debriefing you did a nice job describing factors that create a culture of safety and discussing the use of EBP tools that can help support safety and quality. BS

Week 10(5a,c): Anthony, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Great job discussing factors that create a culture of safety during in your cdg. Keep up all your hard work! CB

Week 11-5(b) Anthony, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You took excellent care of your patient this week. BL

| 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: | n/a | n/a | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| a. Establish collaborative partnerships with patients, families, and coworkers. (Responding) | n/a | n/a | 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 | n/a | S | S | S | NA | NA | S | S | S | | | | | | | |
| d. Deliver effective and concise hand-off reports. (Responding)* | 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. (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 S | S | S NA | S | S | S | NA | NA | S | S | S | | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | CB | BL | | | | | | |

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

Comments:

Week 2 (6f)- Satisfactory clinical discussion group posting following the CDG grading rubric. Keep up the great work. AR

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

*End-of- Program Student Learning Outcomes

Week 4 (6f)- I changed this competency to “NA” due to Digestive Health not having a CDG, therefore you didn’t have any to post this week. AR

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (2d) 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 (6d,f)- Satisfactory completion of patient management hand off report competency rubric 30/30, reported by RN on 2/11/2025. Comments: Excellent report.” JW/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Week 9- 6a/b/c- As you no doubt realized this week, teamwork, communication, and collaboration are very important while doing our jobs as nurses. Each patient situation is unique and often requires to use many of our skills at once. It’s an unfortunate situation for the patient and her family, but I’m glad you were able to care for such a high-acuity patient. 5e- Documentation was good for the first week, and you will gain comfort with it each week. BS

Week 10(6a,c,d,e,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. You scored 30/30 per the 4T hand-off report grading rubric, please see below. Your CDG was Satisfactory, meeting all requirements. CB

Week 11-6(e) Excellent job with all your documentation this week in clinical. 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 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----|----|----|----|---------|-------|
| Competencies: | S | S | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| a. Value the need for continuous improvement in clinical practice based on evidence. (Responding) | | | | | | | | | | | | | | | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding) | n/a | n/a | n/a | S | S | S | NA | NA | S | S | S | | | | | | | |
| c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding) | n/a | n/a | 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 | n/a | S | S | S | S | NA | NA | S | S | S | | | | | | | |
| Faculty Initials | AR | AR | AR | FB | FB | FB | FB | FB | FB | BS | CB | BL | | | | | | |

Comments:

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

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

Week 7 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

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

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

Week 10(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Respiratory acidosis." 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. CB

Week 11-7(d) Anthony, great job demonstrating 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: Anthony Drivas | | Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. | | | | | |
|---|--|--|-----------------|---|-------------------------------------|---------------|---|
| Date or Clinical Week: 03/25/25-03/26/25 | | | | | | | |
| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
| Noticing | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data. | (lists at least 7*) *provides explanation if < 7 | (lists 5-6) | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | 3 | Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well. |
| | 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. Rather than "Risk for Impaired Skin Integrity," you would want to list "Impaired Skin Integrity." Your patient already had this as an active 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 | 0 | For the evaluation section, remember to list all of your highlighted findings for the top nursing priority and provide a reassessment of this data. Based on this reassessment, then you would determine whether or not to continue, modify, or terminate your plan of care. |
| | 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 0 | |

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: 39/45

Faculty/Teaching Assistant Initials: BL

Care Map Evaluation Tool**
 AMSN
 2025

| Date | Nursing Priority Problem | Evaluation & Instructor Initials | Remediation & Instructor Initials |
|-----------------------|--------------------------|----------------------------------|-----------------------------------|
| 03/25/25- 03/26/25 | Impaired Gas Exchange | Satisfactory BL | NA |

**

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

Comments:

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

Student Name: A. Drivas

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

| | |
|--|--|
| <p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) | <p>Total Points: 4 Comments: Great job providing a description of your patient's current diagnosis and past medical history.</p> |
| <p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) | <p>Total Points: 6 Comments: Great job providing a detailed description of the pathophysiology of your patient's multiple current diagnoses.</p> |
| <p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | <p>Total Points: 6 Comments: You did a nice job correlating the patient's current diagnosis with all her presenting signs and symptoms.</p> |
| <p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) | <p>Total Points: 12 Comments: Excellent work! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.</p> |
| <p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | <p>Total Points: 12 Comments: All patient's relevant diagnostic tests and results included with rationales provided for each. Nice job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.</p> |
| <p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> | <p>Total Points: 9 Comments: You did a nice job correlating the</p> |

| | |
|---|---|
| <ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | <p>patient's current diagnosis with all the related medications.</p> |
| <p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | <p>Total Points: 4 Comments: Great job correlating your patient's past medical history with her current diagnosis.</p> |
| <p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) | <p>Total Points: 6 Comments: Excellent job providing a prioritized list of nursing interventions with rationales provided.</p> |
| <p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) | <p>Total Points: 6 Comments: Roles of the interdisciplinary team members were discussed and additional members identified.</p> |
| <p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p> | <p>Total Points: 65/65 Satisfactory. BS Comments: Great work Anthony. BS</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: Anthony Drivas **Date:** 3/19/2025

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: Excellent job Anthony, giving a very detailed thorough hand off report on your patient.

Faculty Signature: Chandra Barnes, MSN, RN Date: 3/19/2025

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

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

GROUP #: 1

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 24, 2025 0800-1000

| CLINICAL JUDGMENT COMPONENTS | | | | | | OBSERVATION NOTES |
|---|--|--|--|--|--|--|
| <p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B | | | | | | <p>Identifies patient. Begins V and assessment. BP 96/52. Patient CO being tired, nauseous. Noticed low SpO2. Notices rhythm change. Patient CO being lightheaded, dizzy. Notices another rhythm change.</p> <p>Patient identified. VS and assessment begun. Monitor applied. Notices increased HR. Notices low SpO2. Patient CP feeling woozy. CO room spinning.</p> <p>Notices patient is unresponsive (with v-tach- check the pulse! (Code blue.)</p> |
| <p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B | | | | | | <p>Interprets BP as being below normal. Interprets the need to apply heart monitor. Identifies sinus bradycardia. Interprets need to increase O2 to 3L. Rhythm interpreted as 2nd degree AV block, Mobitz type II. Notices rhythm change to third degree heart block.</p> <p>Heart rhythm identified as A-fib. Applies O2 in response to low SpO2. Identifies need to increase O2.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications.</p> |
| <p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B | | | | | | <p>Offers emesis bag. Monitor, oxygen applied. Call to HCP to update, request instruction. Suggests atropine to increase HR. Order received and not read back. O2 increased to 3L. Atropine prepared, administered, with explanation to patient. Call to HCP to report rhythm change to 2nd degree type II heart block, requests temporary pacing (transcutaneous). Order received for IV fluids- not read back. Another dose of atropine, IV fluid administered.</p> <p>Call to HCP to report A-fib and request orders. HCP asks for suggestions, diltiazem suggested. HCP asks for dose and it is provided. Order received and read back. O2 applied. Diltiazem bolus and drip prepared correctly and administered. O2 increased to 3L. Diltiazem explained to patient. Call to HCP to report updated symptoms. Diltiazem dc'd. Alternate medication discussed (amiodarone). IV fluid suggested- bolus ordered and read back. Bolus prepared and initiated.</p> |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| | CPR initiated, 1 mg epinephrine. Patches applied. |
| <p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B | <p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Discussed the importance of reading orders back to HCP. 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 pain medication). Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed the need for anticoagulation for someone with a-fib. 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 bolus and drip). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p> |
| <p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* • Differentiate between defibrillation and cardioversion. (1,2,6)* | <p>Lasater Clinical Judgement Rubric Comments:</p> <p>You are Satisfactory for this scenario. BS</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 most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s</p> |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| <ul style="list-style-type: none"> • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* <p>You are satisfactory for this scenario. Nice work! BS</p> | <p>response Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p> |
|---|---|

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

*End-of- Program Student Learning Outcomes

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

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

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

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

Student eSignature & Date:

ar 11/15/2024