EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Morgan

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)
2/7/2025	1H	Didn't do Quality Scavenger Hunt CDG	2/12/2025 1H

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)**	S	S	S	S	NA	S	NA	NA	S	S	S	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	S	NA	S	NA	NA	S	S	S	S	S					
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	~~NA~~ S	NA	NA	NA	NA	S	NA	S	S	S					
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	S	S	NA	NA	NA	NA	NA	S	NA	S	NA	S					
e. Administer medications observing the seven rights of medication administration. **(Responding)**	S	S	S	NA	NA	~~NA~~ S	NA	NA	S	NA	NA	NA	S					
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	S	S	NA	NA	S	NA	NA	S	NA	S	NA	NA					
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	S	NA	NA	S	NA	NA	S	S					
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**						
Clinical Location	PT MAN	PT MAN	PT MAN	PT Advocate	No clinical	DH				Quality & Core	CD & SP	IS	4C					

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB
Week 3 (1a,b,c)- Satisfactory with managing three patients during your patient management clinical experiences this week! Great job! FB
Week 4 (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 5 (1c)- Satisfactory during your Patient Advocate/Discharge Planner clinical experience and with your discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job. AR

*End-of- Program Student Learning Outcomes

Week 7 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 10 (1b,c)- Satisfactory during Cardiac Diagnostics and Special Procedures clinical experiences and with CDG discussions. Preceptor comments for Special Procedures: “Excellent in ‘Actively engaged in the clinical experience’; Satisfactory in all other areas. A few IV practice, observed paracentesis and bone marrow biopsy.” The preceptor personally told me you were a huge asset to their department that day. Keep up the great work! AR

Week 11 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Great job. AR

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)**	S	S	S	S	NA	NA	NA	NA	S	S	S	S	S					
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S					
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	NA	~~NA~~ S	S	S	NA	S	NA	NA	S	NA	S	S	S					
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	NA	S	NA	NA	S	S	S	S	S					
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**						

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

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 3 (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. (2d) Providing care for a patient involves the nursing process and the implementation of a plan of care, as you care for patients you are using your clinical judgement to provide the care, prioritize, and formulate a nursing plan of care. Therefore, this competency was changed to a "S". FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

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

Week 4 (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 5- Satisfactory during your Quality Scavenger Hunt clinical and with documentation. You did not complete the required CDG for this clinical. AR

Week 9 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Good job. AR

Week 11 (3c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Keep up the good work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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)**	S	S	S	S	NA	S	NA	NA	S	S	S	S	S					
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	NA	NA	NA	NA	S	NA	S	S	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	~~S~~ U	~~NA~~ U	S	NA	NA	S	S	S	S	S					
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**						

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

Comments:

2a.) It wasn't may patient. But how ever there was a patient on the floor that I was on. I am not sure why she was brought into the hospital. However, the nurse stated that the patient could not make her own decisions anymore and that she was ready for discharge but a facility would not take her because she didn't need any skilled nursing. This patient had a boyfriend, and he had come up to the floor and wanted the patient to sign a check. The patient was newly appointed to a legal guardian. The charge nurse had to defend the patient for her rights and the patient's boy friend was not very happy and security had to escort him out of the hospital. "In contemporary guardianship systems, it is likely that most court-appointed guardians will eventually be called upon either to make or to assist the ward to make health care decisions of many sorts. These decisions may involve matters as simple as scheduling physician or dental appointments for the ward, helping her to complete medical history forms, and authorizing nonemergency treatment for minor illnesses or injuries.1 They may also involve such critical decisions as whether to permit risky surgical procedures, to switch from curative care that is unlikely to cure in favor of palliative care and aggressive pain management, or to direct health care providers to terminate ongoing, life-sustaining treatments including artificial respiration, nutrition, or hydration. Often, these health care decisions must be made in circumstances where time is of the essence or stress levels are high due to the seriousness of the ward's medical situation and the possible deleterious, irreversible consequences of a "wrong" decision" (Dayton, 2012).

Dayton, A. K. (2012). *Standards for Health Care Decision-Making: Legal and Practical Considerations*. Utah Law Review. http://open.mitchellhamline.edu/cgi/viewcontent.cgi?article=1250&context=facsch

Standards for Health Care Decision-Making: Legal and Practical Considerations

Week 2 (4a)- These types of issues can be very complicated. It is important to listen and educate the patient's significant other of the legality of the situation. There may be a good reason why there is an appointed guardian for decisions. First, we try to deescalate the situation and if that does not seem to be successful calling security is the best option. Families and relationships can be difficult. FB

*End-of- Program Student Learning Outcomes

3a.) An example of a legal situation would be on Tuesday morning when a Code Blue was called on the overhead. My preceptor and I went down the code, and the patient was brought in on the gurney and the Lucas machine compressing her heart. 4 other students and myself performed chest compressions until the time of death was called. The patient was a full code. The advanced directives are a legal document with the patient's wishes on if they want life saving measures. A legal issue would be not performing CPR on a Full code patient. The lady arrived with EMS, with no family. This can be a difficult situation, but if there is no documentation on hand we will always do everything to sustain or regain life. If it is determined the patient does not want to be resuscitated we would stop all life saving measures. Great example. FB

4a.) An example from both days, is the RN witnessing the consent for surgery. Obtaining a consent for treatment is important. If it isn't obtained the hospital can get in a lot of trouble. Yes, this is very important to make sure the consent is signed and the physician went over all the details of the surgery including any risks that are involved. It is also important to get the consent signed before any mind-altering medications are given to the patient. FB

5a.) A legal example would be patient advocacy and discharge planner keeping a paper trail on what they are doing and what they have done. Keeping a paper trail is helpful in case if a case goes to court. You are correct, it is very important to keep a "paper trail"/documentation in case legal action is brought forth. AR

Week 5 (4c)- You have received an unsatisfactory for this competency due to not completing the CDG that was required for your Quality Scavenger Hunt clinical experience. Be sure to follow the instructions on pages 1-2 of this tool to correctly address the unsatisfactory for Week 6. AR
I will remember to do the appropriate CDG on time to prevent a "U" in the future for that assigned clinical rotation week. KM AR

Week 6 (4c)- See Week 5 comments above, and be sure to correctly address this unsatisfactory evaluation. Failure to do so will result in continued unsatisfactory evaluations. Feel free to reach out to me for any questions or concerns. AR
I will remember to address a "U" on time, to prevent rolling over onto the next clinical week. KM AR

7a.) An example of legal would be ensuring that the patient signed the consent form for treatment relating to their procedure that they are scheduled for. Very important example. AR

9.) An example of ethical and legal would be living will and code status. In the quality control measure, we had to look up a CHF patient. CHF is a chronic disease that can progress very quickly. Its important for the health care team to know the patients wishes on when they are unable to communicate for themselves. This is a very important issue, certainly for CHF patients and all others with chronic conditions. We should promote the completion of advanced directives on everyone. AR

10a.) An example of legal would be the patient signing the informed consent prior to procedures. The Dr obtains the informed consent. Nurses are witnesses. The patient has to give consent prior to treatment. Great example for both Cardiac Diagnostics and Special Procedures. AR

11a.) An example of legal and ethical for IS would be checking blood compatibility before blood administration to ensure the patient blood type and cross matches the blood that they are about to receive. The entire blood administration process is crucial to ensure positive patient outcomes, and if this process isn't followed it would definitely be a legal issue. Good example. AR

12a.) An example of legal and ethical would be my patient on ICU. She has a dx of lung cancer and is basically BIPAP dependent. Family wants her home to live life and to enjoy being outside. The CNP spoke with pt and family about hospice. Pt and family declined hospice. Pt full code. Pt and family understand that they are ok with being mechanically intubated if needed, however there is a risk that the tube may cause more damage to her lungs with being extubated.

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

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Satisfactory in all areas. Student goals: No student goals are provided. You must provide a goal for every clinical rotation. Additional Preceptor comments: “Only lacking in experience.” BD/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Satisfactory in all areas, except excellent in member of profession-demonstrates professionalism in nursing. Student goals: “Continue to advance skills.” No additional Preceptor comments. JF/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas, except satisfactory in provider of care-establishment of plan of care, manager of care-communication skills, delegation. Student goals: “Continue to challenge myself with “difficult” patients.” No additional preceptor comments.” JF/FB

*End-of- Program Student Learning Outcomes

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Excellent in all areas. Student goals: "Get more comfortable with hanging fluids." Additional Preceptor comments: "We had a very busy day and she did great! She'll be a great RN!" KS/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Excellent in all areas." Student goals: "To get more IV start experience." Additional Preceptor comments: Katelyn did great work on clinical today-she got to practice multiple nursing skills, including IV start, NG tube placement, and IV, PO and subQ med administration. SV/FB

Week 9 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Good work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	S	S	S	S	NA	S	NA	NA	S	S	S	S	S					
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S					
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	NA	S	NA	NA	S	NA	S	S	S					
d. Deliver effective and concise hand-off reports. **(Responding)** *	S	NA	NA	NA	NA	NA	NA	NA	S	NA	NA	NA	NA					
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S					
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S	S	~~S~~ U	~~NA~~ U	S	NA	NA	S	S	S	S	S					
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**						

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

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 24/30 points. No RN comments provided. BD/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB
Week 4 (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 5 (6c)- Satisfactory discussion related to your Patient Advocate/Discharge Planner clinical experience. (6f)- While your CDG posting for your Patient Advocate/Discharge Planner clinical was satisfactory, you have received an unsatisfactory for this competency due to not completing the CDG that was required for your Quality Scavenger Hunt clinical experience. Be sure to follow the instructions on pages 1-2 of this tool to correctly address the unsatisfactory for Week 6. AR
I will remember to answer the appropriate CDG questions that relates to the clinical task on time. Doing so prevents a 'U" for that assigned clinical week. KM AR

Week 6 (6f)- See Week 5 comments above, and be sure to correctly address this unsatisfactory evaluation. Failure to do so will result in continued unsatisfactory evaluations. Feel free to reach out to me for any questions or concerns. AR
I will remember to address a "U" promptly to prevent that "U" from rolling over onto the next scheduled clinical week.KM AR

Week 9 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

Week 10 (6f)- Excellent CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences. Keep up the great work as you complete the semester. AR

Week 11 (6c,f)- Excellent CDG posting for your Infusion Center clinical. Keep up the great work! AR

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

Comments:

Week 3 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

Week 4 (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- You have done a great job during all clinical experiences in the first half of the semester. Keep it up as you complete the course. AR

Week 9 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:	**Course Objective:** Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.
Date or Clinical Week:	

	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Res	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

*End-of- Program Student Learning Outcomes

ponding	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

*End-of- Program Student Learning Outcomes

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

Care Map Evaluation Tool**
AMSN
2025

** 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: **Clinical Date:**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** **Comments:**
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)	**Total Points:** **Comments:**
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • 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)	**Total Points:** **Comments:**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • 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)	**Total Points:** **Comments:**
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)	**Total Points:** **Comments:**

*End-of- Program Student Learning Outcomes

• 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)	
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • 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)	**Total Points:** **Comments:**
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points:** **Comments:**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** **Comments:**
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) • 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)	**Total Points:** **Comments:**
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	**Total Points:** **Comments:**

*End-of- Program Student Learning Outcomes

disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	

Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____ **Date**: _____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

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

*End-of- Program Student Learning Outcomes

Communication Prioritization (1,4,5,6)*	outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	is slightly disorganized in presentation.	off report needs improvement. Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	

Faculty Comments: _____

_____

_____

Faculty Signature:_____**Date:** _____

*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	S		
Faculty Initials	AR	AR	AR	AR	AR	AR		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA		

* Course Objectives

Comments:
Week 8 Simulation: See rubric below. AR

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Katelyn Morgan**, Grace Catanese. Kylee Cheek, Destiny Houghtlen
GROUP #: 2
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 24, 2025 1000-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					Identifies patient and begins VS and assessment. Monitor applied. Notices low SpO2. Patient CO nausea, wanting to go to sleep. Noticed reduced HR, BP, and rhythm change. Patient CO feeling like she's going to pass out. BP reassessed. Rhythm change noticed. Patient identified. VS and assessment begun. Monitor applied. Notices increased HR. Notices low SpO2. Patient CO feeling tired, SOB. VS rechecked following medication administration. Notices lower BP. Patient CO being dizzy. New VS obtained after fluid bolus. Patient coughing and SOB. Noticed lung sounds have changed. Notices unresponsive patient, code called begins CPR.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					SpO2 and BP interpreted as below normal. Interprets the need for medication to increase HR. Rhythm change interpreted to be 2nd degree type 2 AV block. BP noted to be reduced from previous reading. New rhythm interpreted to be 3rd degree AV block. Rate interpreted as sinus tachycardia- actually atrial fibrillation. Need for O2 identified. Rhythm reinterpreted to be a-fib. BP interpreted as lower than previous reading. Interprets need for fluid bolus to raise BP. Lung sounds interpreted to be crackles and patient is overloaded. Interprets no pulse or breathing.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					O2 applied. Heart and lung sounds assessed. Call to HCP to report symptomatic bradycardia and requests order for atropine. Order received- remember to read back orders to avoid mistakes. Atropine explained to
• Calm, Confident Manner:	E	A	D	B	

*End-of- Program Student Learning Outcomes

• Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	patient and administered (identify patient). Call to HCP to request IV fluid, order received. Pacemaker requested. Neuro assessment performed. IV fluid initiated at 100 mL/hr. Established orientation. Asking appropriate questions during assessment. Oxygen applied. Call to HCP to report sinus tachycardia and request a beta blocker. HCP questions heart rhythm interpretation- reinterpreted to be a-fib. Call to HCP to request order for coags and an order for warfarin. Order received for coags and diltiazem. HCP asks what appropriate dose would be- bolus and drip rates provided. Orders received for bolus and drip (remember to read back orders). Call back to HCP following medication administration to report new symptom, requests cardioversion. Fluid bolus requested. Fluid bolus ordered and initiated. Call to HCP to report suspected fluid overload and request an order for Lasix. Order received. CPR initiated, 1 mg epinephrine q 3 minutes. Patches applied, patient defibrillated. Amiodarone suggested as an alternate drug to give, doses provided.
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 for comfort). 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**	Lasater Clinical Judgement Rubric Comments: You are satisfactory for this scenario. BS Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information 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

*End-of- Program Student Learning Outcomes

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)*** • **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	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 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 response Displays proficiency in the use of most nursing skills; could improve speed or accuracy 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

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
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/CB/BS	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

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

ECG Measurements: Satisfactory participation in and practice of ECG measurements during the ECG Measurements Lab. You

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 11/15/2024

*End-of- Program Student Learning Outcomes