I know you feelEVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Savannah Willis

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

Week 2 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Very engaged- asked thoughtful and appropriate questions." Great job. AR

*End-of- Program Student Learning Outcomes

Week 3 (1b,c)- Satisfactory during Special Procedures clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’; all other areas satisfactory. Savannah is very pleasant and took every opportunity to learn. She was successful with IV starts and was able to see 2 angioplasty. Thoracentesis and a bone marrow biopsy. She asked great questions throughout each procedure.” Great job. AR

Week 4 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Keep up the good work. AR

Week 5 (1d): Upon assessment of ECG strips I had moments of uncertainty and needed ques in order to correctly interpret the rhythm. I will study over ECG strips more and main identifying points prior to the next clinical.
Week 5- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- It is OK to be uncertain, this is brand new content and is not learned overnight, so don’t be too hard on yourself. We briefly discussed a few heart rhythms this week 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 while observing the rights of medication administration. BS

Week 6- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We were able to discuss and review a few more cardiac rhythm strips this week. 1e- You did a good job administering medications through various routes (OG, IV, IVP, IVPB, SQ) while observing the rights of medication administration. BS

Week 7(1a-e,g) Great 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. All six rights of medication administration were followed during all medication passes. You were able to discuss and interpret cardiac rhythm strips. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

Week 10 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” 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	S	S	NA	NA	**S**	S	N/A	N/A	S					
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	N/A	N/A	S					
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	NA	NA	**S**	N/A	N/A	N/A	S					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	N/A	N/A	N/A	S	N/A	~~N/A~~ S	NA	NA	**S**	N/A	N/A	N/A	S					
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	N/A	S	N/A	S					
Faculty Initials	**AR**	**AR**	**AR**	**BS**	**BS**	**CB**	**CB**	**CB**	**CB**	**AR**	**AR**	**AR**						

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

Comments:

Week 5- 2a- You did a nice 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 care map CDG this week. Please see care map rubric below. 2e- You also did a nice job discussing cultureal/racial inequalities assessed while caring for your patient. BS

*End-of- Program Student Learning Outcomes

Week 6- 2a- You did an excellent 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- During debriefing, you did a nice job identifying social determinants of health, relevant to your patient, that could have an impact on her health, well-being, and quality of life. Good job also of being mindful and respectful of the patient's perspective and values while providing care. BS

Week 7(2b-d): Good job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications, how you recognized changes and would take appropriate action, plus nursing priorities for you patient. Competency 2d was changed to a "S" because you are continuously formulating a plan of care when in the clinical setting. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique communication barriers among team members. **(Interpreting)**	~~N/A~~ S	S	S	S	S	S	NA	NA	**S**	S	S	N/A	S					
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	S	S	N/A	S					
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	N/A	N/A	S	S	S	S	NA	NA	**S**	S	S	N/A	S					
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	N/A	N/A	N/A	S	S	S	NA	NA	**S**	N/A	N/A	N/A	S					
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	N/A	N/A	N/A	N/A	N/A	N/A	NA	NA	**S**	N/A	N/A	N/A	S					
Faculty Initials	**AR**	**AR**	**AR**	**BS**	**BS**	**CB**	**CB**	**CB**	**CB**	**AR**	**AR**	**AR**						

Comments:

Week 4 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the good work. AR

Week 5- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

Week 6- 3a- You did a nice job critiquing communication barriers observed while in the clinical setting. BS

Week 7(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Week 9 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the good work. AR

Week 10 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. Keep up the great 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	S	S	NA	NA	**S**	S	S	N/A	S					
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	N/A	S	N/A	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	N/A	S					
Faculty Initials	**AR**	**AR**	**AR**	**BS**	**BS**	**CB**	**CB**	**CB**	**CB**	**AR**	**AR**	**AR**						

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

Comments:

Week 2 (4a): This week I did not witness any legal or ethical issues but I did learn about them. When a patient is scheduled for a cardioversion the physician runs an ECG on them and if their heart is in a shockable rhythm then they will shock them to convert them into a normal rhythm. If the patient is not in a shockable rhythm, the physician will inform the patient that they will not being doing anything that day. When this happens, the patient can get very adamant that they need shocked anyways because they have felt they've been in abnormal rhythms recently, and don't want to return to them. However, if a physician listened to the patient and shocked them while the patient was in normal sinus rhythm, they would send the patient into a fatal rhythm. This is a great example and so hard for people to understand. AR

Week 3 (4a): This week I learned that in special procedures they always to a "time out" prior to any procedure being performed to check that they have the right patient, the right procedure is scheduled, the correct area is prepped, and the proper people are there. This prevents medical malpractice and helps prevent errors in the procedure related to negligence. Perfect example. I am glad you were able to experience this firsthand. This process has saved many negative outcomes. AR

Week 4 (4a): This week I witnessed a nurse preparing IVIG for a patient and she had to get a second nurse to witness her since it was considered a blood product. IVIG is very hard to obtain through plasma and takes thousands of plasma donors to make so it is very controlled and getting a second nurse to witness the preparation and administration process prevents error, patient injury, and waste of the product. Great example of why things need to be completed per protocol. If she didn't have the second nurse confirm, and something went wrong, it could end up being a legal issue. AR

Week 5 (4a): This week in 4C I witnessed ethical issues regarding mechanical ventilation care. The nurse caring for the patient made poor choices in comments and actions lacking evidence-based practice. While they were in the patient room, they talked about off topic situations that can be seen as disrespectful to the patient and the nurse mentioned it "doesn't really matter because they can't hear you." This comment goes against EBP because we don't fully understand what a patient can and can not hear when working with them.

*End-of- Program Student Learning Outcomes

Week 5- 4a- You are exactly correct! Also, being on sedation does not necessarily mean that you cannot hear and/or understand. Use all of these situations as a way to learn. Most times you will learn HOW to do something, but at other times you will learn what NOT to do. Good example. BS

Week 6 (4a): This week I was apart of a code blue and it can lead to ethical dilemmas between the nurses and family. People apart of the healthcare provider group were questioning what the quality of life would be like if the patient went through another code blue but the family insisted that we do everything we can to save them. This puts nurses and physicians in an ethical dilemma because doing a full code on someone that may not be able to recover from it can be extremely painful for the patient and emotionally traumatizing to the family. Great example, Savannah. End-of-life decisions are very difficult ones to make. I agree, her quality of life would have been drastically changed had she survived. I'm glad they came to the conclusion they did, for everyone involved. If she were to survive, the patient would have to suffer the consequences of their decision, and the family would have to live with the fact that they decided to keep her alive and now she is miserable. Tough situation. BS

Week 7(4a): This week in clinical I noticed legal issues regarding HIPPA. During the lunch period several students wanted to talk about patients which cannot be done unless they are in a private, secure, and appropriate setting, and even then it should be to ask for assistance or get a second opinion. No healthcare professional should be talking about any patient information outside of patient care areas, which includes the cafeteria. Upon hearing students start talking about patients I quickly reminded them that we are prohibited to talk about patient information outside of patient care areas. This turned from a legal to an ethical problem because they said, "Oh, I don't think it's that big of a deal." Patient privacy should always be thought about and respected; that comment clearly showed lack of respect toward their patients. Savannah, this is something very important to always remember when it comes to patient information. Thank you for reminding your classmates that HIPPA is important and trying to get them to take it seriously. If this were to arise again, please let the faculty know so that it can be addressed. CB

Week 9 (4a): This week through the quality department I learned about documentation related to nursing and copy paste documentation. Some nurses try to complete documentation fast and end up copying their last documentation to save time, but this can pose ethical and legal challenges. It's easy to do and can lead to the identification of poor patient care and irregular or inconsistent patient check-ins, and the previous documentation could be inaccurate for the current time and therefore create consistent errors. Copy and paste documentation shows laziness, rushed documentation, and inconsistencies with patient care. This is a great example and very concerning when nurses use this type of documentation shortcut. AR

Week 10 (4a): This week I was able to assess ventilators, urinary catheters, and iv catheters for signs of infections and to check if the nurses had been following protocol for those devices. I assessed documentation and used my clinical judgement skills to determine if the nurses were accurate with their documentation and see if they were correctly caring for patients with catheters, mechanical ventilators, and IVs. If a nurse is not doing proper interventions or documentation the patient gets put at risk for infection. Improper documentation can be used to hold a nurse legally accountable for the outcome of the patient's care, that's why it's important for the documentation to be accurate and complete. Documentation, done accurately and complete, is vital. This is a great example of legal concerns that can occur. AR

Week 12 (4a): This week I witnessed an RN educating a patient regarding heart catheterizations and then getting consent forms signed prior to the heart catheterization. Informed consent is important because it honors the patient's autonomy. If she learned about the heart catheterization then changed her mind and refuse to sign the consent form, we would have had to cancel the heart cath and get the provider to give further information. However, since my patient decided to continue with the heart catheterization and sign the consent form, we were legally allowed to start the preparation process.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Question: Week 2 (5f): When pertaining to "faculty," is it referring to faculty of the school, or general faculty at Firelands Health? It is mainly referring to school faculty, however you bring up a good question. Utilizing feedback from preceptors and mentors at the hospital is also important so you can use this competency for both. Thank you. AR

Week 5 (5a): this week I did not feel as though my documentation was efficient enough. The first day I felt fine but the second day I took care of a patient on a ventilator and felt overwhelmed with the different style of charting. To improve I will be going over the case studies from earlier in the semester and practicing charting them in the test meditech. This will improve familiarity with the charting system and a better understanding of what I'm supposed to chart and where I chart it. Practice makes perfect, Savannah. I think you will find, if I can get you with another ventilated patient, that you will feel more comfortable with it, having been through it once. BS

*End-of- Program Student Learning Outcomes

Week 2- 5b- You were able to observe placement of a right heart cath this week in clinical. 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 6- 5a/c- Great performance in the clinical setting this week. You were able to participate in a code blue, and you and your fellow students performed well doing chest compressions. BS
Week 7(5b,c,d) Savannah, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Good job discussing ways you created a culture of safety for your patient in your cdg! Great job using standard precautions while caring for your patients this week! CB

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical experience, while following the CDG grading rubric. Keep up the great work. AR

Week 3 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep it up. AR

Week 4 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the great work. AR

*End-of- Program Student Learning Outcomes

Week 5 (6e): this week I did not feel as though my documentation was efficient enough. The first day I felt fine but the second day I took care of a patient on a ventilator and felt overwhelmed with the different styles of charting. To improve I will be going over the case studies from earlier in the semester and practicing charting them in the test meditech. This will improve familiarity with the charting system and a better understanding of what I'm supposed to chart and where I chart it. Practice makes perfect, Savannah. I think you will find, if I can get you with another ventilated patient, that you will feel more comfortable with it, having been through it once. BS

Week 5- 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. 5e- Documentation was good for the first week, and you will gain comfort with it each week. Like I said above, you will gain comfort with documentation each week. BS

Week 6- 6a/b/c- Nice job discussing your observations (and participation) about establishing collaborative partnerships and communication with patients, families, fellow students, and other health care team members in an attempt to achieve optimal patient outcomes. BS

Week 7(6d,e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

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

Week 10 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Keep it up as you complete the semester. AR

*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	S	S	NA	NA	**S**	S	S	N/A	S					
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	N/A	S					
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	NA	NA	**S**	S	S	N/A	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	S	S	NA	NA	**S**	S	S	N/A	S					
Faculty Initials	**AR**	**AR**	**AR**	**BS**	**BS**	**CB**	**CB**	**CB**	**CB**	**AR**	**AR**	**AR**						

Comments:

Week 5- 7d- A great ACE attitude was displayed at all times while on the clinical floor. BS

Week 6- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 7(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Effectiveness of a multi-layer silicone-adhesive polyurethane foam dressing as prevention for sacral pressure ulcers in at-risk in-patients: Randomized controlled trial." 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

Midterm- Great job during the first half of the semester. Keep up all of your hard work and finish the semester strong! CB

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

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: S. Willis **Date or Clinical Week:** Week 5				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	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 all nursing priority problems related to your patient. You highlighted appropriate abnormal findings and risk factors. You also listed potential complications related to your priority problem and s/sx to go along with them.
	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	Great job with specific, prioritized, individualized interventions for your patient that included a frequency and rationale.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Great job on your care map, Savannah! BS

Total Points: 45/45 Satisfactory. BS

Faculty/Teaching Assistant Initials: BS

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/4-2/5-2025	Decreased cardiac output	Satisfactory/BS	NA/BS

** 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: S. Willis **Clinical Date:** 2/11-2/12/2025

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:** 4 **Comments:** Great job providing a description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** 6 **Comments:** Great job providing a detailed description of the pathophysiology of your patient's current diagnosis (diabetic keto-acidosis).
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:** 6 **Comments:** You did a great job correlating the patient's current diagnosis with all her presenting signs and symptoms.
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:** 12 **Comments:** Excellent job! 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.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • 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)	**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.
6. Correlate the patient's current diagnosis with all related medications. (9 points total)	**Total Points:** 9 **Comments:** You did a nice job correlating the

*End-of- Program Student Learning Outcomes

• 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)	patient's current diagnosis with all the related medications.
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:** 4 **Comments:** Great job discussing your patient's past medical history and its correlation to her admitting diagnosis.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** 6 **Comments:** Nice job providing a prioritized list of nursing interventions with rationales!
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • 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:** 6 **Comments:** Again, great job, Savannah.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** 65/65 Satisfactory. BS **Comments:** Excellent work, Savannah! Very well done. BS

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: _S. Willis_____ **Date**: 2/12/2025_____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

	Meets Expectations 5	**Needs Improvement 3**	**Does Not Meet Expectations 0**	**POINTS**
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
Communication Prioritization (1,4,5,6)*	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	5
			TOTAL POINTS	30/30

*End-of- Program Student Learning Outcomes

Faculty Comments: **Savannah, Great job on your handoff report! Very well done!**
BS_____

_____

Faculty Signature: __**Brian Seitz MSN, RN, CNE**_____**Date:** __**2/28/2025**_____

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

Comments: 2/25/2025- Satisfactory completion of week 8 Dysrhythmias simulation. See grading rubric below. CB

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Molly Plas, Presley Stang, Savannah Willis
GROUP #: 8
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 25, 2025 1430-1630

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Notices patient's heart rate is 49. Notices patient's SpO2 is decreased at 92% on RA. Noticed patient's complaints of being "tired" and having a "queasy" belly. Noticed patient's EKG changes on the monitor. Notices patient's heart rate of 158. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus. Notices patient is unresponsive. Notices patient has no pulse.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets EKG rhythm as sinus bradycardia and noticed a rhythm change (2nd degree type 2 which was discussed). Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 0.5-1mg IVP. Recognizes the need for a transcutaneous pacemaker. Interprets patient's heart rhythm as atrial fibrillation. Prioritizes the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem dose as 25mg bolus over 15 mins, then continuous diltiazem drip at 10mg/hr. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's complaints of SOB and cough are due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Introduces self and role, identifies the patient. Obtains vital signs (99.8-49-24-103/58 SpO2 92% on RA) and places patient on the monitor. Performs focused cardiovascular assessment. Calls healthcare provider and provides SBAR. Recommends Atropine 0.5-1mg to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers Atropine 0.5 mg IVP. Increases oxygen to 4L via nasal cannula. Reassesses patient and obtains vital signs (HR 43, b/p 95/54). Calls healthcare provider and gives update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends transcutaneous pacing.

*End-of- Program Student Learning Outcomes

	Introduces self and identifies patient. Obtains vital signs (99.0-158-22-95/54 SpO2 91% on RA) and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls healthcare provider and provides SBAR. Communicates well and educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs (HR 163, b/p 88/56). Calls healthcare provider and gives update, recommends a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient and stops IV fluid bolus due to assessment findings (cough, SOB, crackles). Calls healthcare provider with an update. Recommends cardioversion. Introduces self and attempts to identify patient. Calls a code blue. Begins CPR and bagging after a delay. Administers epinephrine 1 mg IVP. Delay in applying fast patches and defibrillating.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication! Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. 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

*End-of- Program Student Learning Outcomes

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)***	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 relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of the simulation scenario. Great job!

*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/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

*End-of- Program Student Learning Outcomes