

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
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:	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	NA	NA	S	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	S	NA	S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB						
Clinical Location	4C 41 M	4C 77 F	4C 86 F	IC & SP	QC	Cardiac Dx				PM 3T 72M ---	PM 3T	PM 4N	DH/Pt advocate/Dis charge					

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We briefly discussed your patient's heart rhythm and will continue discussion of rhythm identification and measurement over the next few weeks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

*End-of- Program Student Learning Outcomes

Week 3- 1a/b- You did a good job this week assessing and providing care to your patient. You did a nice job informing your patient about the interventions you were performing. 1e- You also did a good job with medication administration while observing the seven rights. BS

Week 4(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 5 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in 'Demonstrates prior knowledge of departmental/nursing responsibilities'; Observed a paracentesis, bone marrow bx and an iliac artery angioplasty. Several successful IV starts with lab draws. Dylan even stayed an extra hour to observe the angioplasty from start to finish." Great job! Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student did a nephron tube dressing change, gave subcutaneous medication. Witnessed Remicade, MVI and IV push meds given. Gave antibiotics to patient." Great job during both clinicals! AR

Week 7 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student was very engaged during his clinical. He was able to see TTE with Definity, angiogram in cath lab, SPECT imaging with stress test." Great job. AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessments on your assigned patients. FB

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Try to manage at least three during your next clinical experience. Great job! FB

Week 11 (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

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:	S	S	S	S	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
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	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	NA	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA S	NA	NA S	NA	NA	NA	NA	NA	S	NA S	S	S	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB						

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

Comments:

Week 2- 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. BS
 Week 3- 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 4(2a-d) 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 completing your pathophysiology CDG this week, see grading rubric below. Good job in

*End-of- Program Student Learning Outcomes

debriefing discussing how you monitored your patient for potential risks and anticipated early complications. Competency 2d was changed to a “S” because you are always formulating a plan of care while caring for a patient. CB

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions.(2d) this competency was changed to a “S” because you are formulating a plan of care as you implement interventions based off the clinical judgment you have gained throughout the nursing curriculum. FB

Week 10 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 11 (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

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

Comments:

Week 2- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

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

Week 4(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Week 5 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the good work. AR

Week 6 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the good work. AR

Week 9 (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 10 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Week 11 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

*End-of- Program Student Learning Outcomes

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

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

Comments:

4a- I had a conversation with Justin RN about the overall pros/cons for my patient remaining a Full code even though he had little quality of life. Pt was previously DNR but his Aunt switched them to Full Code before being inpatient ICU.

Week 2- 4a- Good example, Dylan. This is a fairly common scenario in this environment. I have a feeling this guy didn't have the opportunity to choose who would make his decisions (or maybe he did), but it illustrates the importance of choosing someone who can remain calm and level-headed when it comes to making them. BS

4a- An ethical issue that I witnessed this weekend was regarding the daughters of my patient. They were very concerned about their mothers health which is great, but they didn't have any boundaries about staying at the hospital. They would sleep in conference rooms/waiting areas and come into the ICU as early as possible. Some days while nurses were giving report at 0700 they would already be waiting to come in. Mira RN had a discussion about them staying overnight in the hospital where she said her mother is stable enough to sleep elsewhere. I didn't hear anything from after that time.

Week 3- 4a- This can get tricky for the ICU nurses sometimes. Visitation rules are relaxed when patients are close to dying or in danger of dying. As patients improve, however, and the threat is not as bad, we have to go back to enforcing them Many family members do not understand, and we have to have some difficult conversations. BS

4a- An ethical issue that I witnessed this week came from the housekeeper. Other students and I went to go into a patients room for patient care and the housekeeper was upset and said that we had to leave the room because she was there first. I see why she said this and didn't want us to get into her way while she is working, but patient care comes first. Dylan, this is a great example. Yes, I am not sure why she said that to you guys, but patient care and comfort is priority. CB

4a- An ethical issue that was observed this week at clinicals was during my time in the infusion center. Multiple patients stated they had to pay at least 25% of the cost for treatment. That may not seem like much, but these medications cost upward of 20-80 thousand dollars per treatment. **This is a great example of what patient's face when needing expensive infusions. Very sad but true. AR**

4a-An ethical issue that we talked about is how the hospital tries not to pay for patient care if they are the ones to cause a CAUTI or infection from a central line. It is the healthcare workers responsibility to keep patient care best as possible, which involves proactive treatment in infection control. I agree that it isn't good for the hospital from a money standpoint, but it is what's right. **Week 6- I am a little confused about your statement "hospital tries not to pay for patient care". Maybe I am reading it wrong. Generally speaking, if a patient develops a CAUTI or IV-line infection while in the hospital, the insurance company will not pay for the it. I believe what you may mean is that the patient shouldn't be charged for the care because it was the hospital's fault. Either way, this is a great example of what can occur. AR**

4a- An ethical issue that was observed this week at clinicals was when they decided to cancel a patients procedure because they had a call off and the one healthcare worker didn't want to do it, so they decided to push it to a later date. **This is definitely an ethical issue and could end up being a legal one if the patient's condition suffered at all. AR**

4a- An ethical issue that was observed this week at clinicals was the dietary kitchen refusing to replace the food they took out of my patients room before he finished eating. This small event turned out to be very important to the patient to the point where he refused all care and called Beth the floor manager on her personal cell phone to explain the situation. **Great example, refusing care could be detrimental to the patient. FB**

4a- When educating my patient on her discharge plan I asked my nurse if we should wait for the daughter to come pick up the patient before giving discharge instructions because the patient was blind and slightly confused. My Nurse Taylor agreed and we both thought it would ethically be better to wait since the daughter is also her main support system and will be taking the patient to her follow up appointments and getting her prescriptions. **Great example, it is always better if two sets of ears are hearing the discharge instructions so nothing is missed. FB**

4a- The surgical team did a great job asking my patient if he understood the surgery and asking if he had any questions prior to signing informed consent. The surgeon also came in the explain what happens during an ORIF and ensure with the patient that she marked the correct leg to have the surgery on. **These steps are very important before any surgical procedure. The patient must also not have received any mind-altering medication before giving consent. Great example. FB**

4a- An ethical issue that was observed this week during digestive health was when the Doctor didn't come into talk with the patient after a procedure and talk about their results.

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:	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
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	S	S	NA	NA	NA	NA	
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
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	S	S	NA	NA	NA	NA	
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	NA	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB						

Comments:

Week 2- 5b- You were able to observe placement of an arterial line 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 3- 5c- Through your CDG, you did a nice job discussing actions you took to help create a culture of safety for your patient. BS

Week 4(5b,d) Dylan, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job using standard precautions while caring for your patients this week! CB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Good job. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: “Be able to accurately describe and explain reasoning for medications r/t patient diagnosis.” Additional Preceptor comments: “Dylan did great with difficult patients. Keep increasing your patient load. You’ll make a great ER nurse.” PW/FB

*End-of- Program Student Learning Outcomes

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/18/2025– Excellent in all areas, except satisfactory for provider of care: collection/documentation of data, establishment of plan of care. Student goals: “Be more steady and less anxious when inserting an IV.” Additional Preceptor comments: “Stayed on top of charting, vitals and assessments all day. Knew his meds and what they were for. Started an IV on a difficulty stick. Talked to his patients and fulfilled all needs in timely and quick manner. Asked questions when appropriate. Will do very well if he keeps it up!” DM/FB Reported on by assigned RN during clinical rotation 3/19/2025- Excellent in all areas. Student goals: “Interact more with family members/visitors of my patients.” Additional preceptor comments: “Great job!” TS/FB

Week 11 (5a) Reported on by assigned RN during clinical rotation on 3/25/2025 –Excellent in all areas. Student goals: “Learn more about the recovery phase of surgical procedures and what to look out for r/t the symptoms.” No additional Preceptor comments. JP/FB Reported on by assigned RN during clinical rotation on 3/26/2025 – Excellent in all areas.” Student goals: “Correlate patient labs/diagnostics more accurately to their diagnosis.” Additional Preceptor comments: “Very independent with patient care. Excellent nursing skills.” LB/FB

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:	S	S	S	S	NA	S	NA	NA	S	S	S	S	NA	NA	NA	NA		
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	NA	S	S	NA	NA	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	
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	S	S	S	NA	NA	NA	NA	NA	
d. Deliver effective and concise hand-off reports. (Responding) *	NA	S	NA S	NA	NA	NA	NA	NA	S	S	S	S	NA	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	S	S	S	NA	NA	NA	NA	NA	
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB						

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

Comments:

Week 3- 6a/b/c- As you no doubt realized this week, teamwork, communication, and collaboration are very important while doing our jobs as nurses. Each patient situation is unique and often requires to use many of our skills at once. It's an unfortunate situation but I'm glad you were able to have this experience. 5e- You did a great job with documentation this week. BS

Week 3- 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. Documentation was accurate and well-done. BS

Week 4(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! Competency 6d was changed to "S" because you did give the bedside nurse a hand-off report before leaving the floor each day. CB

*End-of- Program Student Learning Outcomes

Week 5 (6c,f)- Satisfactory CDG postings related to your Infusion Center and Special Procedures clinical experiences. Keep up the good work. AR

Week 6 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observational experience. Good job. AR

Week 7 (6f)- Satisfactory posting via CDG related to your Cardiac Diagnostics clinical. Keep up the good work. AR

Week 9 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: Dylan did great with a difficult patient. Keep working on increasing your patient load. PW/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 10 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 11 (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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
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	S	S	NA	NA	NA	NA	
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	
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	S	S	NA	NA	NA	NA	
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB						

Comments:

Week 2- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 3- 7a/b- Great job finding and summarizing an EBP article pertinent to your patient. An anaphylactic reaction can progress very quickly, making it important to recognize and treat it in a timely manner. Nice work! BS

Week 4(7d) Dylan, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

Week 6 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Midterm: You have done a great job in your clinical experiences the first half of the semester. Keep up the great work as you complete the course! AR

Week 10 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

*End-of- Program Student Learning Outcomes

Week 11 (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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: D. Wilson		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: Week 2							
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, I would suggest adding; Impaired mobility. You highlighted appropriate abnormal findings and risk factors. You 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. I would suggest adding a focused respiratory assessment intervention to assess adequacy of mechanical ventilation.
	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: <ul style="list-style-type: none"> 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, Dylan! BS**

Total Points: 45/45

Faculty/Teaching Assistant Initials: **Satisfactory! BS**

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:

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing
2025

Student Name: Dylan Wilson	Clinical Date: 1/28-29/2025
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> Current Diagnosis (2) 2 Past Medical History (2) 2 	Total Points: 4 Comments: Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> Pathophysiology-what is happening in the body at the cellular level (6) 6 	Total Points: 6 Comments: Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> All patient's signs and symptoms included (2) 2 Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) 0 Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 2 	Total Points: 4 Comments: Dylan, you included all patient's signs and symptoms with detailed explanation of correlation to current diagnosis, but did not include what you would typically see in a patient with this diagnosis.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> All patient's relevant lab result values included (3) 3 Rationale provided for each lab test performed (3) 3 Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) 3 Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 3 	Total Points: 12 Comments: Excellent job, Dylan! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (3) 3 Rationale provided for each diagnostic test performed (3) 3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) 3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 3 	Total Points: 12 Comments: Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) <ul style="list-style-type: none"> All related medications included (3) 3 	Total Points: 9 Comments: Great job including all medications, all information is detailed and accurate.

<ul style="list-style-type: none"> • Rationale provided for the use of each medication (3) 3 • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 3 	
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) 2 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 2 	<p>Total Points: 4 Comments: Great job correlating the patient's past medical history with current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 6 	<p>Total Points: 6 Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) 2 • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) 2 • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 2 	<p>Total Points: 6 Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: 63/65 Comments: Excellent job, Dylan! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

Firelands Regional Medical Center School of Nursing

AMSN –4 Tower - Hand-Off Report Competency Rubric

Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN,

Student Name: D. Wilson

Date: 1/22/25

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory
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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

Faculty Comments: Nice work, Dylan. Satisfactory. BS

*End-of- Program Student Learning Outcomes

Faculty Signature: Brian Seitz MSN, RN, CNE **Date:** 1/22/25

Advanced Medical Surgical Nursing 2025
Simulation Evaluations

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

* Course Objectives

Comments:

Week 8 simulation: See rubric below. AR

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Ava Lawson, Dylan Wilson, Laurel Sieger
 GROUP #: 7
 SCENARIO: Week 8 Simulation
 OBSERVATION DATE/TIME(S): February 25, 2025 1230-1430

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed patient heartrate of 49. Noticed patient’s EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient’s SpO2 92% on RA. Noticed patient’s complaints of being “tired” and having an “uneasy” belly.</p> <p>Noticed patient has a cough. Noticed patient’s heartrate of 160. Noticed patient’s low blood pressure 93/56. Noticed patient’s low SpO2 92% on RA. Noticed increased dizziness and decreased blood pressure after diltiazem is administered.</p> <p>Noticed patient not responding to introduction. Noticed patient is pulseless.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. 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 1mg IVP.</p> <p>Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 25 mg IV bolus to be given over 15 mins, then continuous diltiazem drip at 10mg/hr.</p> <p>Interprets EKG rhythm as ventricular tachycardia. Interprets correct medication for treatment. Interprets patient’s low potassium as a potential cause for cardiac arrest.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.8-49-22-104/60. SpO2 92% on RA. Applied 2L oxygen per nasal cannula and raised head of bed. Performs head to toe assessment. Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being “tired” and nauseous. Atropine 1mg IV push given- reassessed patient and vital signs. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block).</p> <p>Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient’s heartrate, EKG rhythm, and complaints of “there is a horse running through my chest”. Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed</p>

*End-of- Program Student Learning Outcomes

	<p>vital signs (HR 163, b/p 85/43). Notified healthcare provider of patient's sustained heartrate and rhythm and decrease in blood pressure. Discussed increasing blood pressure by using an IV fluid bolus and risks for the patient (fluid overload). Recommends cardioversion.</p> <p>Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Checks pulse. Begins CPR and bagging. Called a MET then changed to a code blue. Administered Epinephrine 1mg IV push. Applied fast patches to patient, and defibrillates patient.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication!</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes 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.</p> <p>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex</p>

*End-of- Program Student Learning Outcomes

<p>ECG patterns of common dysrhythmias. (1,2)*</p> <ul style="list-style-type: none"> • 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)* 	<p>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.</p> <p>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.</p> <p>Satisfactory completion of the simulation scenario. Great job!</p>
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*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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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 Evaluation/Comments: **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