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

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

**Student:** Hannah Baum

**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:**

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**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.**

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**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) |
|---|---|---|---|
| 03/25/2025 | 5.5H | Forgot student ID badge | 03/28/2025 5.5H |
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| Initials | Faculty Name |
|---|---|
| CB | Chandra Barnes, MSN, RN |
| FB | Fran Brennan, MSN, RN |
| BL | Brittany Lombardi, MSN, RN, CNE |
| AR | Amy Rockwell, MSN, RN |
| BS | Brian Seitz, MSN, RN, CNE |

## PERFORMANCE CODE

**SATISFACTORY CLINICAL PERFORMANCE**

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

**UNSATISFACTORY CLINICAL PERFORMANCE**

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

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

**OTHER**

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

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

Objective

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)** | S | S | S | NA | NA | NA | NA | NA | **S** | S | NA | NA | S | S | | | | |
| b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)** | S | S | S | NA | NA | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| c. Evaluate patient's response to nursing interventions. **(Reflecting)** | S | S | S | NA | S | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)** | NA | NA | NA | NA | NA | NA | NA | NA | **NA** | NA | NA | NA | S | S | | | | |
| e. Administer medications observing the seven rights of medication administration. **(Responding)** | S | S | S | S | NA | NA | NA | NA | **S** | S | NA | NA | S | S | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)** | NA | NA | S | S | NA | NA | NA | NA | **S** | NA | NA | S | S | NA | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)** | S | S | S | NA | NA | NA | NA | NA | **S** | S | NA | NA | S | S | | | | |
| **Faculty Initials** | **FB** | **FB** | **FB** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **BL** | | | | | |
| Clinical Location | 4N | 3T | 3T | Digestive Health | Patient Advocate/ Discharge Planning | No clinical | | | | Infusion Center/Quality Assurance | No clinical | Cardiac Diagnostics | Special Procedures/ 4P | 4C | | | | |

**Comments:**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

*End-of- Program Student Learning Outcomes

Week 3 (1a,b,c)- Satisfactory with managing three patients during your patient management clinical experiences this week! Great job! FB
Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB
Week 5 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 6 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". Great job. AR

Week 9 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student drew labs off of 2 ports that were already accessed. Gave antibiotics and changed a midline dressing. She witnessed multiple medications given and blood administrated." Great job. AR

Week 11 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Was engaged and asked insightful questions." Keep up the great work. AR

Week 12-1(b,c,f) Satisfactory completion of your Special Procedures clinical experience and CDG. Preceptor comments: "Excellent in "Actively engaged in the clinical experience," satisfactory in all other areas. "Hannah had IV starts, observed a thyroid biopsy, abscess drain placement, bone biopsy, and cardiac CT angiography." 1(a-e, g) Excellent job this week on 4P managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. Medication passes were safely done following all the seven rights. Practice was gained interpreting cardiac rhythms through observation and one on one discussion. Great job monitoring your patient very closely on 4P to ensure positive patient outcomes. BL

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

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

**Comments:**

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

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

*End-of- Program Student Learning Outcomes

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB
Week 12-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

**Comments:**
Week 2 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB
Week 3 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB
Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 6 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. Keep up the good work. AR

*End-of- Program Student Learning Outcomes

Week 9 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the good work. AR

Week 12-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

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

**Comments:**

4a (week 2): The report I received on my patient was not thorough and the nurse did not know which toes on the patient were previously amputated. The was important because the patient was admitted for a foot ulcer, osteomyelitis, and cellulitis and was potentially going to surgery for further amputation. This is an issue because if the nurse performed a complete and thorough assessment on the patient's feet, they would have had this information. It is important with this patient to continue to monitor their signs of infection as they could become septic. This patient had already developed afib with RVR as a result of their foot ulceration, pain, and infection and was undergoing further observation before undergoing surgery to remove the infected bone.

Week 2 (4a)- The assessment of a patient is the most important tool that the RN implements. The assessment provides invaluable information and prevent further complications. The assessment must be thorough to ensure positive patient outcomes. There are many healthcare disciplines that depend on the assessment that is documented and if it is not documented correctly it can be detrimental to the patient. If a bad outcome for the patient occurs and documentation is presented in court that is not accurate your license that you worked so hard for could be in jeopardy. Make sure to always complete your own assessment and document what you gather in that assessment. FB

*End-of- Program Student Learning Outcomes

4a (week 3): There was a patient's wife who would call the nurse and myself in the patient's room to talk about small details at length frequently. This wife was a great advocate for the patient, and it is important to address concerns and questions appropriately in a timely manner. However, continued lengthy discussions with the wife throughout the day began to cause issues with time management. This could have put care for other patients at risk if time management became an issue. It is important to set boundaries to ensure that all patients continue to receive care in a timely manner. Hannah, it is often difficult to handle situations when one patient or their family members monopolize the time of the nursing staff. It is important to address needs of all patients. You will need to be patient, prioritize, listen, be polite, and set boundaries. Great job realizing the importance of time management and setting boundaries. FB

4a (week 4): One of the patient's I was providing care for had severe PVD. His pedal pulses were absent with the use of a doppler and his popliteal pulses were weak. The patient was told that he would need an above the knee amputation. He continuously asked what would happen if he kept his legs, continued to ask family members' opinions on his situation, and seemed to be in denial that he needed an amputation. The doctor decided to attempt vein mapping to see if the leg could be saved but was not confident that it would work. It is important to consider patient wishes realistically when providing care and deciding on treatment plans. The doctor was respecting the patient's wishes to attempt to keep his legs by attempting vein mapping, even though the doctor knows there is a good chance it will not work. Ultimately, it is the patient's decision and it can get difficult when they do not want to accept the diagnose. With the lose of a limb the stages of grief can set in and denial is one of those stages. Education and doing all that we have available to us is the best option. Sometimes patients and families do not agree with the plan of care decided by the physician and they have the right to seek out a second opinion. FB

4a (week 5): During the IV start clinical, one of the patients said that the veins in her hands may look good but they normally collapse and that it was best to attempt to use the vein in her wrist. It is important to listen to the patient's suggestions and wishes because they know their body best. This may prevent unnecessary venipuncture attempts and unnecessary pain and bruising for the patient. Great example. Many patients know what works best for their bodies and it is important to listen to them (within reason of course). I could see both ethical and legal implications for this example. AR

4a (week 6): During the patient advocate clinical, one of the patient's was very distressed. He stated that a financial aid person came to talk to him about his income, assets, etc. He said that she essentially interrogated him and got in his face with the questions and did not have a polite tone or demeanor. The patient was there for a GI bleed and was waiting to be transported to the Cleveland Clinic for tertiary care. The patient stated after the encounter with the financial aid person, he just "wants to go home and die". The patient had suffered a heart attack three weeks prior and had left AMA following the heart attack due to a similar encounter with the same financial aid person. This situation had several legal and ethical issues. The patient advocate and the nurse both said that the financial aid person would not be allowed back in the patient's room, he would not be asked about his financial aid situation during his stay, and that the director of the financial aid person would be notified of the incident. This is quite an unfortunate incident. It sounds as if the nurse and patient advocate did a great job taking care of it. Thank you for sharing. AR

4a (week 9): One of the charting shortcuts that nurses are able to use in documentation is dragging and dropping previous charting to current charting. This is supposed to be a time saver, however, nurses must perform their own charting rather than copying and pasting to avoid incorrect documentation and/or falsifying documentation. For example, a patient who received a sedative earlier in the evening due to agitation has documentation showing that they are receiving the sedative every hour in their assessment documentation. This medication administration would not show up in the MAR but it still poses a legal issue because it is incorrect documentation as the patient was not actually receiving sedation every hour. This is a great example and one that happens too often. Accurate documentation is extremely important. AR

4a (week 11): One of the patients , who was 87-years-old, had an outpatient appointment for a stress test. The patient had a manual blood pressure of 202/90 and was asymptomatic during his appointment. The nurse took the blood pressure in both arms, once initially and then again after waiting five minutes. The patient had the same blood pressure measurements for all four readings. The patient was very upset that they were unable to do the stress test because of his high blood pressure because he said it was "okay". He said that his blood pressure normally is in the 170s and 180s but he had not taken it recently. The patient insisted that the nurse take his blood pressure again with his arm raised above his head because this would lower his blood pressure. The nurse declined this request because that is not an evidence-based method to measure blood pressure. The nurse explained that it is her priority to keep her patients safe and follow parameters set by the physician, so she was unable to allow this patient to complete the stress test. The nurse then called the physician's office to notify them of the patient's blood pressure readings and that

he was unable to complete the test. This is a great example. If the nurse hadn't followed EBP and hospital policies it could have become a legal problem, along with an ethical issue for the nurse. Thanks for sharing and accurately describing the implications. AR

4a (week 12): The patient was admitted for sepsis and progressed to also experiencing an exacerbation of CHF. This was because the patient was given fluids to help treat sepsis. The patient was given furosemide to help pull the excess fluid off. Rather than putting the patient at risk for a CAUTI by placing a foley catheter, the patient was given an external male purewick. The patient had some incontinent episodes prior to the furosemide administration, so the purewick would help prevent more incontinent episodes related to the increased urinary output. The application of the purewick also helps to keep the patient's skin and their bedding dry to prevent skin breakdown which would put them at higher risk for another infection. Great job, Hannah! The external catheters are a great option for patient's who are incontinent and they eliminate the increased infection risk that comes with inserting urethral catheters. BL

4a (week 13): When providing care to a ventilated patient, it is important to explain what is being done to them. For example, if the patient is going to be suctioned, it is important to explain that they will be suctioned and that they may start to cough. Patients who are vented are in a very vulnerable state because they are completely reliant on others to care for them. It is important to continually ask the patient if they are comfortable and assess them to determine if they are appropriately sedated.

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

**Comments:**

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Excellent in all areas. Student goals: More practice/experience in being able to determine possible complications of disease processes/procedures to be better prepared to respond to patient changes. Additional Preceptor comments: “Did a great job today. Did a lot of IV skills. Will be a GREAT RN! KS/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: “be able to interpret lab values and connect abnormals to patient diagnosis. Understand S/S to watch for r/t lab values.” Additional Preceptor comments: “Great job! Excellent time management. TS/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas. Student goals: “Continue to seek new learning opportunities in patient care- IV insertion,

*End-of- Program Student Learning Outcomes

and gain more confidence in patient care- NG tube/foley." Additional preceptor comments: " Stayed on task with 3 patients today. Great job demonstrating nursing skills. Assisted with NG tube care/ instillation of fluids. Great job!" CA/FB
Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Satisfactory in all areas, except excellent in manager of care: communication skills. Student goals: "Gain confidence in IV starts." Additional Preceptor comments: "Hannah did great. I recommend more thorough assessments throughout shift (i.e. more thorough documentation). Communication was great. Effectively communicated patient's needs." CK/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Satisfactory in all areas, except excellent in manager of care: communication skills, needs improvement for delegation." Student goals: "Improve on delegation, to allow more time for nursing tasks." Additional Preceptor comments: "Hannah can work on delegating tasks to other team members. She is very hands on with her patients. Delegation will help with allowing her to improve time management and allow for more chart review. Hannah assisted with an enema and IM injection today. She demonstrated great competence." CK/FB

Week 5- Unfortunately you have received unsatisfactory for all Objective 5 competencies, due to failing to self-evaluate. For your Week 6 tool, be sure to follow the directions on pages 1-2 of this document to adequately address the "U's". AR
**Week 6 (5a-f) Re-evaluation** – I received U's in these areas of the clinical tool because I failed to self-evaluate. These areas are no longer U's because I have successfully self-evaluated these areas for week 5 during week 6. Hannah, I changed the Week 5 S's you gave yourself back to the U's you received last week. We can't go back and take the previous evaluations away. To correctly address the U's, you need to state how you will prevent this from happening in the future. You didn't really address that here, however, you did address why you got the U's so I am okay with you giving yourself satisfactory for Week 6. Please let me know if you have any questions. AR

**Week 6 (5a-f) Re-evaluation #2 –** I continue to receive an unsatisfactory because I did not identify a way to prevent myself from failing to self-evaluate in the future. I will make sure I check over my clinical tool twice before submitting it to ensure that I have addressed all areas of the clinical tool. In week 6, I would rate myself as satisfactory in areas a-f. Great. Thank you. AR

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

Week 12-5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

**Objective**

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

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

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

**Comments:**

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: "Outstanding job! Very helpful" KS/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

*End-of- Program Student Learning Outcomes

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) Great job with determining an educational plan for one of your assigned patients. Educational plan was thorough with all areas of CDG expectations met. FB

Week 6 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt. Keep up the good work. AR

Week 9 (6c,f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation and Infusion Center clinical. Great work. AR

Week 11 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical experience. Keep up the great work as you complete the semester. AR

Week 12-6(d) Hannah, great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. A friendly reminder to make sure you include all pertinent labs when giving report. 6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDGs this week. Keep up the great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

**Objective**

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)** | S | S | S | S | S | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)** | S | S | S | S | S | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)** | S | S | S | S | S | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)** | S | S | S | S | S | NA | NA | NA | **S** | S | NA | S | S | S | | | | |
| **Faculty Initials** | **FB** | **FB** | **FB** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **AR** | **BL** | | | | | |

**Comments:**

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

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Midterm- Keep up the good work in the clinical setting as you complete the semester. AR

Week 9 (7a)- 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

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Name:** Hannah Baum<br>**Date or Clinical Week:** 04/01/2025-04/02/2025 | | | | **Course Objective:** | Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. | | |
| **Criteria** | | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
| **Noticing** | 1.Identify all abnormal assessment findings (subjective and objective); include specific patient data. | **(lists at least 7*) *provides explanation if < 7** | **(lists 5-6)** | **(lists 5-7 but no specific patient data included)** | **(lists < 5 or gives no explanation)** | 3 | Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well. |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | **(lists at least 3*) *provides explanation if < 3** | | **(lists 3 but no specific patient data included)** | **(lists < 3 or gives no explanation)** | 3 | |
| | 3. Identify all risk factors relevant to the patient. | **(lists at least 5*) *provides explanation if < 5** | **(lists 4)** | **(lists 3)** | **(lists < 3 or gives no explanation)** | 3 | |
| **Interpreting** | 4. List all nursing priorities and highlight the top priority problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You correctly highlighted related/relevant data from the noticing boxes that support the top priority nursing problem. You should have also highlighted "BLE skin ruddy and warm." Nice job identifying potential complications for your top nursing priority problem. Infection is not a potential complication for "Decreased Cardiac Output," so you would want to consider something else (i.e. Cardiac arrest). Additionally, the patient already had a diagnosis of sepsis. Your potential complications should not be things the patient already has an active problem with. |
| | 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)** | 2 | |
| | 8. Identify signs and symptoms to monitor for each complication. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3 | |
| **Responding** | 9. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | Excellent job with your nursing interventions! You listed all relevant nursing interventions, prioritized them appropriately and provided detailed rationales. |
| | 10. Interventions are prioritized | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |
| | 11. All interventions include a frequency | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |
| | 12. All interventions are individualized and realistic | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |

*End-of- Program Student Learning Outcomes

| Criteria | | 3 | 2 | 1 | 0 | Points Earned | Comments |
|---|---|---|---|---|---|---|---|
| | 13. An appropriate rationale is included for each intervention | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |
| **Reflecting** | 14. List all of the highlighted reassessment findings for the top nursing priority. | **>75% complete** | **50-75% complete** | **<50% complete** | **0% complete** | 3 | Excellent job! |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3 | |

## Reference

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

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

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

**Faculty/Teaching Assistant Comments:** Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL

**Total Points:** 44/45

**Faculty/Teaching Assistant Initials:** BL

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2025

| Date | Nursing Priority Problem | Evaluation & Instructor Initials | Remediation & Instructor Initials |
|---|---|---|---|
| 04/01/25-<br>04/02/25 | Decreased Cardiac Output | Satisfactory<br>BL | NA |

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

Comments:

*End-of- Program Student Learning Outcomes

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

**Student Name:** **Clinical Date:**

| | |
|---|---|
| **1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)**<br>• Current Diagnosis (2)<br>• Past Medical History (2) | **Total Points:**<br>**Comments:** |
| **2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)**<br>• Pathophysiology-what is happening in the body at the cellular level (6) | **Total Points:**<br>**Comments:** |
| **3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)**<br>• All patient's signs and symptoms included (2)<br>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)<br>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) | **Total Points:**<br>**Comments:** |
| **4. Correlate the patient's current diagnosis with all related labs. (12 points total)**<br>• All patient's relevant lab result values included (3)<br>• Rationale provided for each lab test performed (3)<br>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)<br>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) | **Total Points:**<br>**Comments:** |
| **5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)**<br>• All patient's relevant diagnostic tests and results included (3)<br>• Rationale provided for each diagnostic test performed (3)<br>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)<br>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) | **Total Points:**<br>**Comments:** |
| **6. Correlate the patient's current diagnosis with all related medications. (9 points total)** | **Total Points:**<br>**Comments:** |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| • All related medications included (3)<br>• Rationale provided for the use of each medication (3)<br>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) | |
| **7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)**<br>• All pertinent past medical history included (2)<br>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) | **Total Points:**<br>**Comments:** |
| **8. Prioritize nursing interventions related to current diagnosis. (6 points total)**<br>• All nursing interventions provided for patient prioritized and rationales provided (6) | **Total Points:**<br>**Comments:** |
| **9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)**<br>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)<br>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)<br>• 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:**<br>**Comments:** |
| Total possible points = 65<br>51-65 = Satisfactory<br>< 51 = Unsatisfactory<br><br>**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)*<br><br>**Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)<br><br>*End-of-Program Student Learning Outcomes | **Total Points:**<br>**Comments:** |

*End-of- Program Student Learning Outcomes

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

**Student Name**: _Hannah Baum_____ **Date**: _04/02/2025_____

**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:** _Great job! Report was organized, accurate, and thorough. A friendly reminder to include all pertinent labs. _____

_____

**Faculty Signature:** Brittany Lombardi, MSN, RN, CNE_____**Date:** __04/02/2025_____

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

**Comments:**
Week 8 simulation: See rubric below. AR

*End-of- Program Student Learning Outcomes

# Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Tylie Dauch, Anthony Drivas, **Hannah Baum**, Caitlin Gresh
GROUP #: 1
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 24, 2025 0800-1000

| CLINICAL JUDGMENT COMPONENTS | OBSERVATION NOTES |
|---|---|
| **NOTICING: (1,2)*** <br>• Focused Observation: E A D B <br>• Recognizing Deviations from Expected Patterns: E A D B <br>• Information Seeking: E A D B | Identifies patient. Begins V and assessment. BP 96/52. Patient CO being tired, nauseous. Noticed low SpO2. Notices rhythm change. Patient CO being lightheaded, dizzy. Notices another rhythm change.<br><br>Patient identified. VS and assessment begun. Monitor applied. Notices increased HR. Notices low SpO2. Patient CP feeling woozy. CO room spinning.<br><br>Notices patient is unresponsive (with v-tach- check the pulse! (Code blue.) |
| **INTERPRETING: (1,2)*** <br>• Prioritizing Data: E A D B <br>• Making Sense of Data: E A D B | Interprets BP as being below normal. Interprets the need to apply heart monitor. Identifies sinus bradycardia. Interprets need to increase O2 to 3L. Rhythm interpreted as 2nd degree AV block, Mobitz type II. Notices rhythm change to third degree heart block.<br><br>Heart rhythm identified as A-fib. Applies O2 in response to low SpO2. Identifies need to increase O2.<br><br>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. |
| **RESPONDING: (1,2,3,5,6,7)*** <br>• Calm, Confident Manner: E A D B <br>• Clear Communication: E A D B <br>• Well-Planned Intervention/ Flexibility: E A D B <br>• Being Skillful: E A D B | Offers emesis bag. Monitor, oxygen applied. Call to HCP to update, request instruction. Suggests atropine to increase HR. Order received and not read back. O2 increased to 3L. Atropine prepared, administered, with explanation to patient. Call to HCP to report rhythm change to 2nd degree type II heart block, requests temporary pacing (transcutaneous). Order received for IV fluids- not read back. Another dose of atropine, IV fluid administered.<br><br>Call to HCP to report A-fib and request orders. HCP asks for suggestions, diltiazem suggested. HCP asks for dose and it is provided. Order received and read back. O2 applied. Diltiazem bolus and drip prepared correctly and administered. O2 increased to 3L. Diltiazem explained to patient. Call to HCP to report updated symptoms. Diltiazem dc'd. Alternate medication discussed (amiodarone). IV fluid suggested- bolus ordered and read back. Bolus prepared and initiated. |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| | CPR initiated, 1 mg epinephrine. Patches applied. |
| **REFLECTING: (1,2,5)***<br>• Evaluation/Self-Analysis: E A D B<br>• 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. Discussed the importance of reading orders back to HCP. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication). Excellent teamwork!<br><br>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed the need for anticoagulation for someone with a-fib. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.<br><br>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone bolus and drip). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job! |
| **SUMMARY COMMENTS: * = Course Objectives**<br><br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br><br>**E= Exemplary**<br><br>**A= Accomplished**<br><br>**D= Developing**<br><br>**B= Beginning**<br><br>**Scenario Objectives:**<br>• **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)***<br>• **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** | Lasater Clinical Judgement Rubric Comments:<br><br>You are Satisfactory for this scenario. BS<br><br>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs<br><br>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<br><br>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or |

*End-of- Program Student Learning Outcomes

| | |
|---|---|
| • **Differentiate between defibrillation and cardioversion. (1,2,6)*** <br> • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*** <br><br> You are satisfactory for this scenario. Nice work! BS | complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Displays proficiency in the use of most nursing skills; could improve speed or accuracy <br><br> Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses |

*End-of- Program Student Learning Outcomes

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2025

*End-of- Program Student Learning Outcomes

| **Skills Lab Competency Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | **Lab Skills** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Meditech Document** (1,2,3,4,5,6)* | **Physician Orders/SBAR** (1,2,3,4,5,6)* | **Prioritization/ Delegation** (1,2,3,4,5,6)* | **Resuscitation** (1,3,6,7)* | **IV Start** (1,3,4,6)* | **Blood Admin./IV Pumps** (1,2,3,4,5,6)* | **Central Line/Blood Draw/Ports** (1,2,3,4,6)* | **Head to Toe Assessment** (1,2,6)* | **ECG/Hand-off report/CT** (1,6)* | **ECG Measurements** (1.2.4.5.6)* |
| | **Date: 1/7/2025** | **Date: 1/7/2025** | **Date: 1/7/2025** | **Date: 1/7/2025** | **Date: 1/9/2025** | **Date: 1/9/2025** | **Date: 1/10/2025** | **Date: 1/10/2025** | **Date: 1/10/2025** | **Date: 1/10/2025** |
| Evaluation: | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** |
| Faculty Initials | FB | BS | CB | AR | FB/CB/BS | AR | CB | BS/DW | BS | FB |
| **Remediation: Date/Evaluation/Initials** | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

***Course Objectives**

**Comments:**

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

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

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

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

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

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

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

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

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

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

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

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

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

| |
|---|
| |

Student eSignature & Date:

ar 11/15/2024

*End-of- Program Student Learning Outcomes