



## 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
<b>Competencies:</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	S	S	S	NA	NA	U	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	NA	NA	NA	S	NA	U	NA	NA	S	NA	NA	NA	S	NA	NA	NA	NA	
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
<b>Faculty Initials</b>	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR					
Clinical Location	4C	4C	4P	IC, SP	QA/CM	NA	CD			NA	3T	4N	PA/DCP & DH	3T Make up	NA	NA	NA	NA

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

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Week 3- 1a/b- You did a good job this week assessing and providing care to your patient. You did a nice job connecting with your patient while performing your interventions. 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 Infusion Center clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student was very engaging, willing to try new skills and communicated well with patients.” Great job! Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’ and ‘demonstrates professionalism in nursing’ . Satisfactory in all other areas. Very busy day, IV starts/lab draws; watch thoracentesis, set-up sterile tray, watched MRI, CT Scan, Fistulogram, and Lumbar Puncture.” Great job with both clinical experiences this week! AR

Week 7- Unfortunately you have received an unsatisfactory for all competencies due to not self-evaluating for Week 7. Be sure to follow the directions on pages 1-2 of this tool to correctly address the “U’s” for Week 8. Failure to do so will result in continued unsatisfactory evaluations. Due to the entire Week 7 competencies being unsatisfactory, you can address this one time under Objective 7 (instead of addressing each page separately). Please let me know if you have any questions. AR

Week 8 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. She was very engaged in today’s clinical. She was able to see a TTE and a very complex left heart cath with PCI”. Great job! AR

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Try to increase the management of two to three patients during your next clinical experience. This management should include full patient care including assessments, vital signs, medication administration, any procedures that are relevant and collaboration with other health care disciplines. 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

Week 12 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. 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
<b>Competencies:</b>	S	S	S	S	NA	U	S	NA	S	NA	S	S	NA	S	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	U	S	NA	S	NA	S	S	NA	S	NA	NA	NA	
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	NA	U	S	NA	S	NA	S	S	NA	S	NA	NA	NA	
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA	U	NA S	NA	S	NA	S	S	NA S	S	NA	NA	NA	
<b>Faculty Initials</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>					

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

**Comments:**

Week 2- 2a- You did a nice job describing your patient for the week, including past medical history as well as the problem(s) that brought him into the hospital. As you mentioned, given his existing PMH, which would make it difficult to breathe in the first place, but when you add current illness into the mix, it’s no wonder he’s currently in the shape he is. BS

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. 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

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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 debriefing discussing how you monitored your patient for potential risks and anticipated early complications. CB

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 two 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

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

**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. Competency 3e was changed to a “NA” due to it correlating with patient management clinicals. CB

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

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

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

Week 12 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. Great job! AR

\*End-of- Program Student Learning Outcomes

**Objective**

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

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

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

**Comments:**

Week 2: An ethical issue observed in the clinical setting was my patient’s code status. On admission, he was a DNR and then his code status changed to a full code. His aunt is his caregiver and POA. This is an ethical principle of patient autonomy which allows the patient to dictate their care.

Week 2- 3a- Yes, this is a good example, Presley. This is why it is so important to choose someone (for your POA) who will be strong enough to actually carry out your wishes, which is very difficult for some to do. BS

Week 3: An ethical issue observed in the clinical setting was my patient’s freedom to make her own choices and be autonomous. The doctor put an order in for a follow-up CT scan and MRI the day I took care of her, but she refused to have these done. Patient stated she did not fall and hit her head, so she felt these scans were unnecessary. The healthcare team respected the patient’s rights and did not perform these scans.

Week 3- 4a- Great example, Presley, and good for her! I agree that she did not need these tests, given her lack of symptoms and her general condition. BS

c. I rated myself a U because I discarded my patient’s insulin pen in the sharps container. This was not exhibiting responsibility. It was my first time ever giving insulin in the clinical setting and after administering it I was like it has a needle I will just discard it in the sharps container not thinking anything of it. I am very ashamed of myself because I am aware that insulin is very expensive, but I am accountable for my action and learned from my mistake and therefore will not let this happen again. Now I know that insulin pens are reusable and just the needle goes in the sharp’s container. Way to take responsibility, Presley. I changed this to NI because you were unaware that these are multiple use pens and are to be reused. These pens are expensive, but it was an innocent mistake and I think an NI is more appropriate. Way to learn from the situation. BS

Week 4: An example of an ethical issue in healthcare is patient confidentiality. A patient's medical information is private and safeguarded by HIPAA. All members of the healthcare team are responsible for upholding this right and ensuring that identifiable patient information is not shared with unauthorized individuals. Presley, patient

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confidentiality is a huge responsibility by everyone. I am not sure of the exact situation you are talking about, but I am glad that you realize this is something to take very seriously. CB

Week 5: An example of an ethical issue observed in the special procedures clinical experience was informed consent. I observed the nurse obtain informed consent for the patient who was scheduled for a lumbar puncture procedure. It is important to educate the patient about the procedure being performed along with the risks and benefits. Once the information has been provided the patient will sign the consent form indicating their understanding and agreement to the procedure. **This is a perfect example and very fitting for Special Procedures. AR**

Week 6: A relevant legal issue related to quality assurance/core measures in healthcare is medical malpractice. This happens when a healthcare provider fails to deliver the standard of care expected and recommended for patients, potentially causing harm or, in severe cases, death. In such instances, the core measures department plays a crucial role in ensuring compliance with these standards to prevent such outcomes. **Great example and explanation of what can happen if the standards of care and quality initiatives are not followed. AR**

Week 8: One ethical issue I observed in cardiac diagnostics was informed consent. I had the opportunity to observe a cardiac catheterization scheduled for an outpatient. Before the procedure, the patient was required to provide informed consent, acknowledging that she understood the risks and benefits involved and was agreeing to proceed with the procedure. **This is a great example, and could also become a legal issue if not obtained or completed fully. AR**

Week 10: This week on 3T, I observed an ethical issue regarding a change in code status. The patient's condition was deteriorating rapidly, and the family made the decision to change her code status to DNR-CCA without intubation. Since the patient was not cognitively able to make the decision herself, the family made this choice on her behalf. She was then transferred from the floor to inpatient hospice care. **Great example of an ethical and legal issue. It is beneficial if the family makes these decisions with the patient's best interests in mind. FB**

Week 11: This week on 4N, I encountered a legal and ethical issue related to Power of Attorney (POA). While providing discharge education to the patient, her two daughters, and the caregiver, one of the daughters, who held the patient's POA, stated that she could sign the form on behalf of her mother when I asked for the patient's signature to confirm understanding of the discharge education. **If the patient is of sound mind the POA should not be signing the form. The POA comes into play when the patient is not capable of making sound decisions or cannot act upon their own. There are also different kinds of POA, medical, and financial which is important to know. FB**

Week 12: This week in Digestive Health, I witnessed informed consent. The physician is responsible for explaining the procedure, along with the associated risks and benefits of both proceeding with or forgoing the procedure. By signing the consent form, the patient acknowledges that they understand the information and agree to move forward. Informed consent was obtained before performing the scheduled colonoscopies or EGDs for these patients. **Informed consent is an important legal document and a great example for the Digestive Health area. If this is not done completely/thoroughly, a legal issue could occur. AR**

Week 13: An ethical issue I encountered in the clinical setting involved respecting my patient's autonomy and right to make his own healthcare decisions. While Mikayla and I were preparing to administer a prescribed phosphate binder, the patient declined to take it when we instructed him to chew the tablets. In honoring his choice, we did not pressure or force him to take the medication, thereby upholding his autonomy.

<b>Objective</b>																		
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
<b>Competencies:</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
a. Reflect on your overall performance in the clinical area for the week. <b>(Responding)</b>																		
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.) <b>(Interpreting)</b>	S	S	S	S	S	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	S	S	NA	NA	NA	
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	S	S	S	S	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
f. Utilize faculty feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
<b>Faculty Initials</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>					

**Comments:**

Week 2- 5b- You were able to observe a trach replacement and also 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. You also chose a very pertinent EBP article to discuss in relation to your patient this week. BS

Week 3- 5a- Good overall performance in the clinical setting this week. You made improvements with charting this week, and this will improve even more in the coming weeks. BS

Week 4(5b,d) Presley, 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. Keep it up. AR

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/18/2025– Excellent in all areas, satisfactory for provider of care: collection/documentation of data and manager of care: delegation. Student goals: “Learn to manage time effectively and prioritize tasks.” No additional Preceptor comments. JF/FB Reported on by

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assigned RN during clinical rotation 3/19/2025- Excellent in all areas. Student goals: “Have more confidence in my abilities when trying new things.” Additional preceptor comments: “Great communication to patients and great questions asked. Keep up the good work!” SG/FB  
Week 10 (5b) -Presley, make sure you are taking the initiative to provide total care of patients, this will help you gain confidence in yourself. Seek out as many learning opportunities as possible while on clinical. FB

Week 11 (5a) Reported on by assigned RN during clinical rotation on 3/25/2025 –Satisfactory in all areas, except excellent in manager of care: communication skills, and member of profession: demonstrates professionalism in nursing. Student goals: “Be proactive with interventions.” Additional Preceptor comments: “Keep working on time management/deciding when and what is appropriate and important to complete in the moment. Good job with skills, assessment, and patient communication. You will be a great nurse!” MM/FB Reported on by assigned RN during clinical rotation on 3/26/2025 – Excellent in all areas, except satisfactory in Provider of care: demonstrates safe completion of nursing skills.” Student goals: “Time management with nursing interventions and clustering care.” Additional Preceptor comments: “Understand patient care and nursing process hopefully will bud with confidence in self.” JW/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
<b>Competencies:</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	S	S	NA	NA	NA	
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	S	S	NA	NA	NA	
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	S	S	S	S	NA	U	NA	NA	S	NA	S	S	S	S	NA	NA	NA	
d. Deliver effective and concise hand-off reports. <b>(Responding) *</b>	S	S	S	NA	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	S	S	S	NA	NA	U	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	NI	S	S	NA	NA	NA
<b>Faculty Initials</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>					

**\*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 us 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- Documentation was good for the first week, and you will gain comfort with it each 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. 4d- Successful completion of your hand-off report this week- Nice job! 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! CB

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

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

Week 7 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical. Keep up the great work as you complete the semester. AR

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

Week 11 (6d) Satisfactory completion of hand off report competency rubric with 28/30 points. RN comments: Good knowledge of patient organize order of report with patient information. (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) CDG was brief, did not provide in-depth information regarding education of patient and no in-text citation was provided. A reference was provided. FB

Week 12 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job! AR

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
<b>Competencies:</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	NA	S	NA	NA	NA	
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	NA	S	NA	NA	NA	
c. Comply with the FRMCSN "Student Code of Conduct Policy." <b>(Responding)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	U	S	NA	S	NA	S	S	S	S	NA	NA	NA	
<b>Faculty Initials</b>	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR					

**Comments:**

Week 2- 7b- You did a nice job summarizing an EBP article addressing the priority problem of your patient this week. 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 3- 7d- Nice job displaying an ACE attitude while on the clinical floor. BS

Week 4(7d) Presley, 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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7: I received a U in all competencies for week 7 because I mistakenly submitted the wrong tool, resulting in blank columns. I've been experiencing issues with saving documents in Word, which is why I submitted two clinical tools last week. I noticed the first one didn't save properly and appeared blank, so I submitted a second one, labeling it as the "Correct one." For week 7, I refilled out the clinical tool and attached it, mistakenly thinking it was the correct version I had filled out a second time. To resolve this, I will figure out why Word isn't saving my documents and ensure I upload the correct one moving forward to prevent this from happening again. Thank you, Presley. If I can help in any way please let me know. AR

Midterm: Great job during all clinical experiences for the first half of the semester; keep it up as you complete the remainder of the semester. You addressed all U's received during Week 7 which resulted in satisfactory evaluations for midterm.

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

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

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name:		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week:							
Criteria	3	2	1	0	Points Earned	Comments	
<b>Noticing</b>	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	<b>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.</b>
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	<b>Great job listing all nursing priority problems related to your patient! 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.</b>
	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	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	<b>Great job with specific, prioritized, individualized interventions for your patient that included a frequency and rationale.</b>
	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	

\*End-of- Program Student Learning Outcomes

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	<b>Criteria</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Points Earned</b>	<b>Comments</b>
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
<b>Reflecting</b>	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"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	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: You did a great job on your Care Map, Presley! BS**

**Total Points: 30/30 Satisfactory. BS**

**Faculty/Teaching Assistant Initials: BS**

Care Map Evaluation Tool\*\*  
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/23/2025	Hypothermia	Satisfactory. BS.	NA

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  
 Advanced Medical Surgical Nursing  
 2025

<b>Student Name:</b> Presley Stang	<b>Clinical Date:</b> 1/28/2025
<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (2) 2</li> <li>• Past Medical History (2) 2</li> </ul>	<b>Total Points: 4</b> <b>Comments:</b> Great job discussing your patient's current diagnosis and past medical history.
<b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6) 6</li> </ul>	<b>Total Points: 6</b> <b>Comments:</b> Excellent job! Pathophysiology is detailed and accurate.
<b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2) 2</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) 2</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 2</li> </ul>	<b>Total Points: 6</b> <b>Comments:</b> All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
<b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3) 3</li> <li>• Rationale provided for each lab test performed (3) 3</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) 3</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 3</li> </ul>	<b>Total Points: 12</b> <b>Comments:</b> Excellent job, Presley! 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.
<b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3) 3</li> </ul>	<b>Total Points: 12</b> <b>Comments:</b> Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates

<ul style="list-style-type: none"> <li>Rationale provided for each diagnostic test performed (3) <b>3</b></li> <li>Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) <b>3</b></li> <li>Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) <b>3</b></li> </ul>	to the patient's diagnosis.
<b>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</b> <ul style="list-style-type: none"> <li>All related medications included (3) <b>3</b></li> <li>Rationale provided for the use of each medication (3) <b>3</b></li> <li>Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) <b>3</b></li> </ul>	<b>Total Points: 9</b> <b>Comments: Great job including all medications, all information is detailed and accurate.</b>
<b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>All pertinent past medical history included (2) <b>2</b></li> <li>Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) <b>2</b></li> </ul>	<b>Total Points: 4</b> <b>Comments: Great job correlating the patient's past medical history with current diagnosis.</b>
<b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>All nursing interventions provided for patient prioritized and rationales provided (6) <b>6</b></li> </ul>	<b>Total Points: 6</b> <b>Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</b>
<b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b> <ul style="list-style-type: none"> <li>Identifies all interdisciplinary team members currently involved in the care of the patient (2) <b>2</b></li> <li>Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) <b>2</b></li> <li>Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) <b>2</b></li> </ul>	<b>Total Points: 6</b> <b>Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</b>
<p>Total possible points = 65  <b>51-65 = Satisfactory</b>  &lt; 51 = Unsatisfactory</p> <p><b>Course Objective:</b> 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><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present</p>	<b>Total Points: 65/65</b> <b>Comments: Excellent job, Presley! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</b>

condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	
*End-of-Program Student Learning Outcomes	

**Firelands Regional Medical Center School of Nursing  
AMSN –4 Tower - Hand-Off Report Competency Rubric**

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

**Student Name:** P. Stang **Date:** 1/15/2025

**Must complete satisfactorily during 4 Tower debriefing.**

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

	<b>Meets Expectations 5</b>	<b>Needs Improvement 3</b>	<b>Does Not Meet Expectations 0</b>	<b>POINTS</b>
<b>Introduction Safety (1,2)*</b>	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.	5/5
<b>Situation (3)*</b>	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.	3/5
<b>Background (4)*</b>	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	5/5
<b>Assessment Laboratory/Diagnostic Testing (5)*</b>	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.	3/5
<b>Actions (4,5)*</b>	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.	3/5
<b>Communication Prioritization</b>	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or	3/5

\*End-of- Program Student Learning Outcomes

(1,4,5,6)*	change in mental status - would explain CT ordered. Includes patient teaching provided.		disorganized in presentation	
			<b>TOTAL POINTS</b>	22/30 30/30

**Faculty Comments:** Presley, You will have another opportunity to repeat this activity next Wednesday, 1/22/2025. BS. Remediation: 30/30- Satisfactory. Nice work, Presley. BS

\_\_\_\_\_

\_\_\_\_\_

**Faculty Signature:** Brian Seitz MSN, RN, CNE \_\_\_\_\_ **Date:** 1/17/2025 1/22/2025

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

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

\* Course Objectives

**Comments:**

Week 8 Simulation: See rubric below. AR

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Molly Plas, Presley Stang, Savannah Willis

GROUP #: 8

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 25, 2025 1430-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        A        D        B</li> <li>• Information Seeking:           E        A        D        B</li> </ul>						<p>Notices patient's heart rate is 49. Notices patient's SpO2 is decreased at 92% on RA. Noticed patient's complaints of being "tired" and having a "queasy" belly. Noticed patient's EKG changes on the monitor.</p> <p>Notices patient's heart rate of 158. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus.</p> <p>Notices patient is unresponsive. Notices patient has no pulse.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        A        D        B</li> <li>• Making Sense of Data:       E        A        D        B</li> </ul>						<p>Interprets EKG rhythm as sinus bradycardia and noticed a rhythm change (2<sup>nd</sup> degree type 2 which was discussed). Interpreted EKG rhythm changed from 2<sup>nd</sup> degree type 2 to 3<sup>rd</sup> degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 0.5-1mg IVP. Recognizes the need for a transcutaneous pacemaker.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Prioritizes the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem dose as 25mg bolus over 15 mins, then continuous diltiazem drip at 10mg/hr. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's complaints of SOB and cough are due to fluid bolus. Interprets patient's lung sounds as crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment.</p>
<p><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E        A        D        B</li> <li>• Clear Communication:       E        A        D        B</li> <li>• Well-Planned Intervention/</li> </ul>						<p>Introduces self and role, identifies the patient. Obtains vital signs (99.8-49-24-103/58 SpO2 92% on RA) and places patient on the monitor. Performs focused cardiovascular assessment. Calls healthcare provider and provides SBAR. Recommends Atropine 0.5-1mg to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers Atropine 0.5 mg IVP. Increases oxygen to 4L via nasal cannula.</p>

\*End-of- Program Student Learning Outcomes

<p>Flexibility: E A D B</p> <ul style="list-style-type: none"> <li>• Being Skillful: E A D B</li> </ul> <p>B</p>	<p>Reassesses patient and obtains vital signs (HR 43, b/p 95/54). Calls healthcare provider and gives update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends transcutaneous pacing.</p> <p>Introduces self and identifies patient. Obtains vital signs (99.0-158-22-95/54 SpO2 91% on RA) and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls healthcare provider and provides SBAR. Communicates well and educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs (HR 163, b/p 88/56). Calls healthcare provider and gives update, recommends a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient and stops IV fluid bolus due to assessment findings (cough, SOB, crackles). Calls healthcare provider with an update. Recommends cardioversion.</p> <p>Introduces self and attempts to identify patient. Calls a code blue. Begins CPR and bagging after a delay. Administers epinephrine 1 mg IVP. Delay in applying fast patches and defibrillating.</p>
<p><b>REFLECTING: (1,2,5)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p>	<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>

\*End-of- Program Student Learning Outcomes

<p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*</b></li> <li>• <b>Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*</b></li> <li>• <b>Differentiate between defibrillation and cardioversion. (1,2,6)*</b></li> <li>• <b>Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*</b></li> </ul>	<p>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of 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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Firelands Regional Medical Center School of Nursing  
Skills Lab Evaluation Tool  
AMSN  
2025

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	Lab Skills									
	<b>Meditech Document</b> (1,2,3,4,5,6)*	<b>Physician Orders/SBAR</b> (1,2,3,4,5,6)*	<b>Prioritization/Delegation</b> (1,2,3,4,5,6)*	<b>Resuscitation</b> (1,3,6,7)*	<b>IV Start</b> (1,3,4,6)*	<b>Blood Admin./IV Pumps</b> (1,2,3,4,5,6)*	<b>Central Line/Blood Draw/Ports</b> (1,2,3,4,6)*	<b>Head to Toe Assessment</b> (1,2,6)*	<b>ECG/Hand-off report/CT</b> (1,6)*	<b>ECG Measurements</b> (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: 1/16/2025	Date: 1/13/2025	Date: 1/16/2025	Date: 1/16/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
<b>Remediation:</b> 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