

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
c. Evaluate patient’s response to nursing interventions. <b>(Reflecting)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S				
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	NA				
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S				
<b>Faculty Initials</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>	<b>AR</b>	<b>CB</b>	<b>BL</b>											
<b>Clinical Location</b>				QC						CD	SP, PD, IS		4C	4P				

**Comments:**

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

Week 3 (1a,b,c)- Satisfactory with managing three patients during your patient management clinical experiences this week! Great job! FB

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 9 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Got to see a lot of good procedures today. Professional and asked all the right questions.” Great job! AR

\*End-of- Program Student Learning Outcomes

Week 10 (1b,c)- Satisfactory during Special Procedures, Patient Advocate/Discharge Planner, and Infusion Center clinical experiences and with CDG discussions. Preceptor comments: Patient Advocate/Discharge Planner- "Excellent in all areas."; Special Procedures: "Excellent in 'Actively engaged in the clinical experience'; Satisfactory in all other areas. Several IV starts, observed paracentesis, bone marrow biopsy, MRI patient."; Infusion Center: "Satisfactory in 'Demonstrates prior knowledge of departmental/nursing responsibilities'; Excellent in all other areas. Student witnessed multiple blood transfusions and medications given. Student did a dressing change." Great job in all clinicals! AR

Week 12(1a,b,d,e): Great job this week managing complex patient situations while on 4C. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the seven rights of medication administration and utilized the BMV system. Competency 1f was changed to a "NA" because although you looked for an IV site, you didn't actually perform the skill. CB

Week 13-1(a-e,g) Excellent job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. All head to toe assessments were thorough and well done. Medication passes were safely done following all seven rights. Satisfactory completion of the ECG booklet assignment. Great job monitoring your patients very closely on 4P to ensure positive patient outcomes. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**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	NA	NA	NA	NA	NA	S	S	NA	S	S					
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding, Reflecting) *</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S				
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	NA	S	S					
<b>Faculty Initials</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>	<b>CB</b>	<b>BL</b>												

**\*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

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(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications for your patient. Excellent job on your care map, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 13-2(a) Excellent job utilizing your clinical judgment skills to correlate relationships among your patient’s disease process, history, symptoms, and present condition. Please refer to the Pathophysiology Grading Rubric for my feedback. 2(e) Great job this week in debriefing discussing social determinants of health that may have impacted your patient’s health, well-being, and quality of life. 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
<b>Competencies:</b>	S	S	S	NA	NA	NA	NA	NA	S	S	S	NA	S	S				
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	NA	S	S				
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA	S	NA	S	S				
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	S NA	NA				
<b>Faculty Initials</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>	<b>CB</b>	<b>BL</b>												

**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

\*End-of- Program Student Learning Outcomes

Week 5 (3b)- Satisfactory during your Quality Assurance/Core Measures clinical and with your discussion via CDG posting. Keep up the good work. AR

Week 10 (3b,c)- Satisfactory during your Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. (3c)- Satisfactory CDG discussion related to your Infusion Center clinical. Keep up the great work. AR

Week 12(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Competency 3e was changed to a “NA” because this is related to patient management clinicals. CB

Week 13-3(a) Excellent job in debriefing critiquing and discussing communication barriers you witnessed among team members while caring for your patient this week. 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
<b>Competencies:</b>	S	S	S	S	NA	NA	NA	NA	S	S	S	NA	S	S				
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)																		
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	S	S	NA	S	S				
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S	U	NA	S	S				
<b>Faculty Initials</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>	<b>CB</b>	<b>BL</b>												

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

**Comments:**

2a, 1/14/25: One example I witnessed today was a patient’s boyfriend who became disorderly. The boyfriend was not allowed to enter the floor or go near the patient, but he came up anyway. He was getting aggressive with another male nurse since they were not permitting him to go near the patient. Security had to be called, and he needed to get him escorted out. The presence of the boyfriend could compromise the patient’s sense of safety and autonomy. This can be an issue because it is the hospital's ethical duty to ensure she feels secure during her care. The patient was having problems with her significant other, and they felt he may show up. This can be an ethical issue due to the liability for staff and patient harm.

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

2a. 1/22/25: One example of a legal or ethical I observed was between the two patients I cared for. In a double room, I had one patient who was a 70-year-old lady who was admitted due to her inability to care for herself. In the bed next to her, was a 45-year-old lady who tested positive for cocaine and round-the-clock morphine. The older lady was taking Tylenol PRN and did not request any pain meds. The next day, the young lady was admitted as her roommate. They were very talkative to each other and even pulled the curtain to be closer to each other. The next morning, the 70-year-old suddenly requested morphine. She had not asked for that previously during her time admitted. We did not give pain meds to the 45-year-old due to her low blood pressure of 92/59. The older woman was given the morphine she asked for, but the nurse had to watch her take it to ensure she did not give it to her roommate. As a nurse, it is worrisome that a younger patient was pressuring or manipulating the older to get pain meds and give it to her. This can be both an ethical and legal dilemma in the clinical setting. This situation is so dangerous. It is very scary that an individual can manipulate another in that way. As the person administering the medication it is very important to watch the patient take the medication that is prescribed for them and make sure they are not sharing medications with another individual. Great example! FB

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2a. 1/29/25: One example of legal or ethical issues would be a patient leaving against medical advice. I did not have a patient who wanted to leave AMA, but I did talk to a nurse who had a patient who wanted to. This can be an ethical issue because patients have the autonomy to make their own decisions, but nurses have a duty to act in the patient's best interest. If the patient is unstable and leaves, their condition can deteriorate. Although patients have the right to leave, the nurse must ensure the patient has all of the information needed and understands the risk of leaving. If the nurse does not, that is a legal issue. **Correct, we have the duty to inform the patient of consequences of their actions, but ultimately it is their decision. We are not responsible for giving them any treatment after they sign the paperwork to leave AMA, including escorting them to the door. FB**

2a. 2/4/25: One example of a potential legal or ethical issue is if a nurse did not respond to a patient demonstrating stroke signs and symptoms. As a legal issue, the failure to respond to an emergency would be considered malpractice. An ethical issue is that nurses are ethically required to act in the best interest of the patient and prevent harm. Nurses must be vigilant in recognizing FAST; Face drooping, Arm weakness, Speech difficulty, Time to call 911, and initiate immediate emergency care. **This is a good example involving potential legal and ethical issues, as you stated. Good job. AR**

2a. 3/13/25: I did not witness a legal or ethical issue, but a potential one could be an informed consent violation. If the nurses performed a cardiac stress test, echocardiogram, or non-emergent cardiac catheterization without obtaining proper informed consent from the patient or their legal representative. Failing to obtain proper consent can lead to lawsuits for medical malpractice, patient distress, ethical violations, and can cause significant issues within the hospital. **This is a great example of what could occur in the Cardiac Diagnostics Department. Informed consent is so important. AR**

2a, 3/19/21: I did not witness a legal issue. Still, a potential one would be if a patient called the Patient Advocate with a complaint, and asked it to be anonymous but the Patient advocate spread the information under the name. The patient has the right to control how their information is shared, and disregarding their request undermines their autonomy. Healthcare professionals and patient advocates must maintain confidentiality, as ethical guidelines and HIPAA policies require. **This is a perfect example of what could happen with the Patient Advocate/Discharge Planner roles and department. AR**

**Week 10 (4c)- You have received an unsatisfactory evaluation as a result of your clinical tool not being submitted by the due date and time (3/21/2025 at 0800). Be sure to follow the directions at the beginning of this tool to properly address this for your Week 11 tool. Feel free to contact me for any questions or concerns. AR**

4a: I acknowledge that I received a 'U' in this competency due to submitting my clinical tool 30 minutes late. I understand the importance of timeliness in nursing practice and in the future, I will be more professional about responding to due dates accordingly. I have learned from my mistake, and I will be more vigilant in checking my assignments and responsibilities. Moving forward, I will improve my time management by setting earlier reminders and double-checking submission deadlines. **Thank you, Lindsey. You can give yourself a satisfactory evaluation for this competency for Week 12. AR**

2a. One issue I witnessed while on 4C was that a few of the nurses will leave their computer on and open to the patient's chart while they step away to do a task or help a patient. This can become a legal or ethical issue due to a chart being unattended and anyone has access to view confidential patient information. This break of patient privacy violates HIPAA standards, and the nurse can be held liable. In this situation, the nurse can be held accountable for the breach, even if it wasn't intentional. **Lindsey, this is a great example. It is so important to sign off the computer even if you are only stepping away for a few seconds. It does not take someone long to click around in a chart, potentially breaching HIPPA. If you ever notice this moving forward, just badge them out, and it is okay to advocate for patient's and say something. CB**

2a: One ethical or legal issue that could occur is a patient wanting to leave the hospital against medical advice. Patient's have the absolute right to refuse care and have their own autonomy. If a nurse does not allow a patient to leave then they can be liable for false imprisonment. Nurses have a responsibility to ensure their patients understand the risks of leaving AMA, and give them education while respecting their decision. If a patient requests to leave AMA and the nurse does not provide proper

\*End-of- Program Student Learning Outcomes

education about potential risks the nurse may be reliable for that as well. Great example, Lindsey! Patients always have the right to refuse care, as well as the right to informed consent related to any type of treatment they are receiving. BL

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

**Comments:**

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Satisfactory in most areas, excellent in provider of care: establishment of plan of care, manager of care: communication skills, member of profession: demonstrates professionalism in nursing. Student goals: To be more confident in my medication administration skills! Additional Preceptor comments: “Lindsey is a hard worker and will be a great RN when she’s done. She is very kind, caring and respectful to patients and staff. She is eager to learn and will continue to grow in her skills and bedside care. I think she will be great in hospital setting. RN comment 3p-7p: excellent communication with patients. CB/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: “To get more experience priming and starting IV tubing, and to grow my confidence.” No additional Preceptor comments. EW/FB Reported on by assigned RN during clinical rotation 1/22/2025- Satisfactory in all areas, except excellent in provider of care-demonstrates safe completion of nursing skills, member of profession-demonstrates professionalism in nursing. Student goals: “To communicate more with staff (PT/OT, dietary, speech, charge nurse, etc.” Additional preceptor comments: “Lindsey continues to impress me with her ability and dedication to grow and learn. She is very kind and attentive to patients. She is a great person and has a warm and compassionate nature.” CB/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Excellent in all areas. Student goals: “To get more experience with IV push meds, and to become more confident talking with the patient’s families.” Additional Preceptor comments: “Lindsey did a wonderful job managing the care of 3 patients! She got more experience administering IV push medication and giving primary IV meds.” SJ/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Excellent

\*End-of- Program Student Learning Outcomes

in all areas.” Student goals: “To believe in myself and to feel confident managing patient on my own.” Additional Preceptor comments: “Lindsey did a wonderful job managing 4 patients! She is a very kind and compassionate caregiver to her patients!.” SJ/FB

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

Week 12(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient’s during clinical. CB

Week 13-5(b) Lindsey, you do an excellent job working independently and taking initiative in completing nursing interventions for your patients. You are very organized and well prepared. You took excellent care of your patients this week. BL

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	NA	NA	NA	NA	NA	S	S	S	NA	S	S				
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>																		
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	S	NA	S	S				
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	S	S	NA	S	S				
d. Deliver effective and concise hand-off reports. <b>(Responding) *</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S				
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	S	S	S	NA	NA	NA	NA	NA	S	NA	NA	NA	S	S				
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	S	S	S	S	NA	NA	NA	NA	S	S	S	NA	S	S				
<b>Faculty Initials</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>	<b>AR</b>	<b>CB</b>	<b>BL</b>												

**\*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: “Excellent detail. Good job communicating with oncoming shift” CO/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

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

Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observational experience. Keep up the great work. AR

\*End-of- Program Student Learning Outcomes

Week 9 (6f)- Satisfactory CDG posting related to your Cardiac Diagnostics clinical experience. Keep up the great work. AR

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

Week 12(6d): Excellent job with your hand-off report, you were Satisfactory scoring a 30/30 per the hand-off report rubric. You provided a very thorough and detailed report on your patient, good job! CB

Week 13-6(a,b,c) Excellent job in debriefing discussing these competencies, as well as applying them to practice during your clinical experience this week. 6(e) Great job with all of your documentation this week in clinical. Your documentation was done in a timely manner, and you did a great job taking my feedback on Tuesday and applying it to all your documentation on Wednesday. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

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

**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

Week 5 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

Midterm- Keep up the great work in clinical as you complete the semester! AR

Week 12(7d): Lindsey, you did an excellent job this week having an ACE attitude while caring for your patients. CB

Week 13-7(d) Lindsey, you consistently demonstrate all the qualities of "ACE." The following comment was shared from the Director of 4T: "I wanted to share kudos for one of the nursing students who had clinicals on 4P today. Lindsey Steele was in the hallway charting when an elderly visitor walked past who was lost and looking for his wife. Without hesitation, Lindsey stopped what she was doing and said, "let me show you". She was very kind and professional, escorting the visitor to 4N and making small talk with him as they walked together. Acts of kindness like this are what ACE is all about and truly make all of the difference in the patient experience. From what I have seen, nursing is a great career path for Lindsey." Keep up all your hard work. You will be an excellent RN! BL

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: <b>Lindsey Steele</b>		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: <b>4/1/2025</b>							
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)	2	Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. You were counted off 1 point in this section due to the fact that you had less than 7 assessment findings listed.
	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	2	Lindsey, other nursing priorities that could related to your patient are acute pain, moderate anxiety, deficient knowledge, and risk for bleeding. You did a great job correlating all of your abnormal assessments to your priority problem of decreased cardiac tissue perfusion. Good job listing potential complications of your priority problem including signs and symptoms to monitor for.
	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	Great job listing all relevant nursing interventions related to your patient's priority problem. You included a frequency and rationale for each intervention, ensuring that they were prioritized and realistic for your patient. Just remember that you
	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

							always assess, do, and then educate.
Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Good job reflecting on abnormal assessment findings. I agree that continuing the plan of care is appropriate for your patient.
	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: Satisfactory completion of your nursing care map. Please review my feedback throughout the rubric. CB**

**Total Points: 43/45**

**Faculty/Teaching Assistant Initials: CB**

Care Map Evaluation Tool\*\*  
AMSN  
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
4/1/2025	Decreased Cardiac Tissue Perfusion	S/CB	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:

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

**Student Name:** Lindsey Steele

**Clinical Date:** 4/8/2025-4/9/2025

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)-2</li> <li>• Past Medical History (2)-2</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> Great job providing a detailed description of your patient's current diagnosis and past medical history.</p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)-6</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> Great job describing the pathophysiology of your patient's medical diagnosis.</p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <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>	<p><b>Total Points: 6</b>  <b>Comments:</b> All signs and symptoms included and correctly correlated to the patient's diagnosis. Great job identifying the signs and symptoms that are typically associated with the diagnosis as well.</p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <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>	<p><b>Total Points: 12</b>  <b>Comments:</b> Excellent job identifying all of the relevant lab results and correlating them to the patient's current diagnosis.</p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)-3</li> <li>• Rationale provided for each diagnostic test performed (3)-3</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)-3</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)-3</li> </ul>	<p><b>Total Points: 12</b>  <b>Comments:</b> All relevant diagnostic tests and results included with rationales. Detailed explanation provided related to how the results correlate with the patient's current diagnosis.</p>

<p><b>6. Correlate the patient’s current diagnosis with all related medications. (9 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (3)-3</li> <li>• Rationale provided for the use of each medication (3)-3</li> <li>• Explanation of how each of the patient’s relevant medications correlate with current diagnosis (3)-3</li> </ul>	<p><b>Total Points: 9</b>  <b>Comments:</b> Great job listing all the patient’s medications with appropriate rationale and correlation to the current diagnosis.</p>
<p><b>7. Correlate the patient’s current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)-2</li> <li>• Explanation of how patient’s pertinent past medical history correlates with current diagnosis (2)-2</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> Patient’s pertinent past medical history and family history is correctly correlated to the current diagnosis.</p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)-6</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments:</b> Excellent job!</p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)-2</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)-2</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)-0</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments:</b> Great job identifying the interdisciplinary team members involved in the care of the patient. Based on your experience with the patient, were there any other team members that were not involved that should have been?</p>
<p>Total possible points = 65  51-65 = Satisfactory  &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 condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 63/65</b>  <b>Comments:</b> Satisfactory completion of your pathophysiology assignment. Please review all my feedback above. Great job! BL</p>

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

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
<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.	
<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.	
<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	
<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.	
<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.	
<b>Communication Prioritization (1,4,5,6)*</b>	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	

\*End-of- Program Student Learning Outcomes

			<b>TOTAL POINTS</b>	
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**Faculty Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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>
	<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
Performance Codes:  S: Satisfactory  U: Unsatisfactory								
<b>Evaluation</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>BL</b>	<b>BL</b>
<b>Remediation: Date/Evaluation/ Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\* Course Objectives

**Comments:**

Week 8 Simulation: See rubric below. AR

# Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Lynette Swinehart, Trenton McIntyre, **Lindsey Steele**, Andrea Pulizzi

GROUP #: 3

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **February 24, 2025 1230-1430**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           <b>E</b>       A       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Patient identified, begins VS and assessment. Patient CO being very tired. Notices SpO2 of 92. Heart and lung sounds auscultated. Notices low HR. Rhythm change noticed. Noticed HR dropped further. When prompted, notices additional rhythm change.</p> <p>Patient identified. Patient CO palpitations, SOB. Monitor applied, VS, assessment begins. Heart and lung sounds auscultated. Abnormal heart rhythm noticed. Noticed low SpO2. Patient continues to experience dizziness.</p> <p>Notices unresponsive patient, monitor applied, code blue called.</p>
<p><b>INTERPRETING: (1,2)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>SpO2 interpreted to be low. Lung sounds interpreted to be crackles. HR determined to be sinus bradycardia. New rhythm interpreted to be 3<sup>rd</sup> degree AV block. Reinterpreted to be 2nd degree type II AV block. New rhythm interpreted to be 3<sup>rd</sup> degree AV block.</p> <p>Heart rhythm identified to be a-fib. SpO2 interpreted to need supplemental O2. Bp interpreted to be low and in need of intervention. Lung sounds interpreted to be crackles.</p> <p>Interpreted the need to begin CPR and defibrillate.</p>
<p><b>RESPONDING: (1,2,3,5,6,7)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E       <b>A</b>       D       B</li> <li>• Clear Communication:       <b>E</b>       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       <b>A</b>       D       B</li> <li>• Being Skillful:                   E       <b>A</b>       D       B</li> </ul>						<p>Oxygen applied in response to SpO2 being 92%. Establishes orientation. O2 increased to 3L, 4L. Call to update HCP. HCP requests rhythm- sinus brady. Atropine recommended, doses provided. Order received- not read back. Atropine prepared, patient identified, atropine administered. 2<sup>nd</sup> dose administered with rhythm change. Patches applied. Alternate medications discussed- epinephrine, dopamine are appropriate options. Rhythm changed again to complete heart block. Pacing verbalized as a treatment option.</p> <p>Heart rhythm correctly identified. Patches and O2 applied. Call to HCP to report a-fib, requests diltiazem or amiodarone. Order received for diltiazem bolus and drip, order read back. Bolus initiated, med explained to patient. Call to HCP to report current condition with decreased BP, recommended IV fluid. Orders received and read back. Call to HCP with improved BP but increases SOB and work of breathing, crackles. Suggests amiodarone or cardioversions. Dosages of amiodarone provided.</p>

\*End-of- Program Student Learning Outcomes

	Patches applied, CPR initiated, ambu bag initiated. 1 mg epinephrine q 3 minutes. Amiodarone mentioned as an alternative to epinephrine for cardiac arrest.
<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><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> </ul>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding 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</p>

<ul style="list-style-type: none"> <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>You are satisfactory for this scenario. Nice work! BS</p>	<p>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>
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\*End-of- Program Student Learning Outcomes

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Lindsey Steele

GROUP #: 1

SCENARIO: Comprehensive Simulation

OBSERVATION DATE/TIME(S): 4/7/25 0800-1200

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p><b>NOTICING: (1,2,7)*</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><b>Recognized all signs and symptoms associated with patient's diagnosis of hypovolemic shock upon arrival (ex. abdominal pain, vomiting, vital signs, labs).</b></p> <p><b>Recognized abnormal assessment (respiratory and neurological) and diagnostic (lab, Xray, ABG) findings related to acute respiratory distress.</b></p> <p><b>Recognized abnormal ECG, abnormal troponin level, and patient reporting chest pain/pressure. Recognized the need to select equipment based off ECG interpretation.</b></p>
<p><b>INTERPRETING: (1,2,6)*</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><b>Accurately interprets abnormal assessment findings (abdominal pain/tenderness, vomiting, tachycardia, hypotension, low hemoglobin) for patient with hypovolemic shock.</b></p> <p><b>Excellent job prioritizing appropriate data to include in communication using the SBAR format during care of patient with hypovolemic shock.</b></p> <p><b>Appropriate interpretation of abnormal assessment and diagnostic findings for the patient with acute respiratory distress.</b></p> <p><b>Interpreted ECG appropriately and identified the patient was experiencing an inferior STEMI involving the right coronary artery. Prioritized the need to continuously monitor patient, administer appropriate medications based on patient's diagnosis, and provide pain/sedation medications.</b></p>
<p><b>RESPONDING: (2,3,6,7)*</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/ Flexibility:                   E       A       D       B</li> <li>• Being Skillful:                   E       A       D</li> </ul>						<p><b>Appropriate medications were chosen to treat patient with hypovolemic shock (0.9% NaCl, PRBCs). Discussed use of norepinephrine for hypotension related to blood loss.</b></p> <p><b>Demonstrated clear communication providing patient education related to blood transfusion.</b></p>

\*End-of- Program Student Learning Outcomes

<p>B</p>	<p><b>Provided appropriate interventions based on assessment findings for patient with hypovolemic shock.</b></p> <p><b>Prioritized and initiated pertinent nursing interventions for the patient with acute respiratory distress.</b></p> <p><b>Prepped patient for emergent PCI- BP cuff, SpO2, applied oxygen, prepped the site, assessed pedal pulses. Provided pain and sedation medications and prepared bivalirudin to run throughout procedure. Reassessed pedal pulses following closure device deployment. Maintained Zoll monitor for transport to the ICU.</b></p> <p><b>Maintained confidence while delivering appropriate care throughout three separate, emergency patient scenarios.</b></p> <p><b>Active engagement throughout patient scenarios.</b></p>
<p><b>REFLECTING: (5,7)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<p><b>Able to identify new knowledge obtained throughout the simulation and how to apply to future patient care scenarios.</b></p> <p><b>Asked appropriate questions to gain understanding of information provided.</b></p> <p><b>Appropriate use of assessment findings using a clinical decision-making process to prioritize patient care.</b></p> <p><b>Communicated in a clear, concise, and effective manner. Able to identify barriers to communication and managing these barriers effectively.</b></p> <p><b>Provided appropriate delegation insight based on each scenario. Recognized areas of improvement and strengths for prioritization, delegation, and communication during the various simulation scenarios.</b></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><b>D= Developing</b></p>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</b></p>

\*End-of- Program Student Learning Outcomes

<p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. <b>Prioritize care in a multi-patient setting, managing the workload and making critical decisions. (1,2,6)*</b></li> <li>2. <b>Collaborate with interdisciplinary healthcare teams, effectively communicating patient status and treatment plans to ensure positive patient outcomes. (2,3,6,7)*</b></li> <li>3. <b>Identify evidence-based interventions, including pharmacologic and non-pharmacologic measures, in the nursing management of patients with myocardial infarction, shock, and acute respiratory distress. (1,2,7)*</b></li> <li>4. <b>Evaluate and reflect on patient outcomes. (5,7)*</b></li> </ol>	<p><b>Interpreting: 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.</b></p> <p><b>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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.</b></p> <p><b>Reflecting: 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.</b></p> <p><b>Overall excellent performance during the comprehensive simulation on patient’s experiencing a Shock, ARDS, and a MI.</b></p>
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Firelands Regional Medical Center School of Nursing  
Skills Lab Evaluation Tool  
AMS  
2025

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