EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Caitlin Gresh

Final Grade: **Satisfactory**

Semester: **Spring**

Date of Completion: 04/18/2025

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: Brittany Lombardi, MSN, RN, CNE

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)
1/7/2025	1 H	Missed lab	1/7/2025-8:00
2/7/2025	1H	Didn't submit Scavenger Hunt Document when due	2/7/2025 1H

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	NA	NA	NA	S	S	~~S~~ NI	NA	NA	**S**
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	NA	NA	NA	NA	NA	**S**	~~NA~~ S	S	S	S	S	S	NA	NA	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	~~NA~~ ~~S~~	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	NA	NA	NA	S	S	S	NA	NA	**S**
e. Administer medications observing the seven rights of medication administration. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	NA	S	NA	S	S	~~S~~ NI	NA	NA	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	S	NA	S	NA	NA	NA	NA	NA	**S**	NA	S	S	NA	S	~~S~~ NA	NA	NA	**S**
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S	S	NA	S	S	S	NA	NA	**S**
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BS**	**CB**	**BL**	**BL**	**BL**	**BL**
Clinical Location	3T, PT MGT	4N, PT MGT	3T, PT MGT	PA/DP	QC/ CM	NA				CARDIAC	DIGESTIVE HEALTH, INFUSION	SPECIAL PROCEDURES	4C	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 and assisting with 5 during your patient management clinical experiences this week! Great job! FB

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

Week 5 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job. AR

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Week 9 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Great job. AR

Week 10 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in all areas. Student participated in patient care, and was friendly and courteous to patients.” Great job. AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 11 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Observed several biopsies, paracentesis had great IV starts. Caitlin jumped right in and helped on a busy day when we were short staffed- really helpful, good in anticipation of needs.” Great job. AR

Week 12- 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

Week 13(1a,d,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. Satisfactory completion of your AMSN ECG booklet. You did a great job administering medications to your patient this week (PO, SubQ, IV push), following the seven rights of medication administration. Great job attempting to start an IV on your patient this week. CB

Week 14-1(a) This competency was changed to an “NI” for this week as it relates to managing complex patient care situations with evidence of preparation and organization. On Tuesday, you asked for my assistance with providing peri care to your patient who had had a bowel movement. Upon entering the room, I noticed you were not prepared in that you had not obtained the appropriate supplies (wipes, linen, etc.). I had to go retrieve these items before we could get started. Additionally, I had to provide supportive cues related to proper peri care techniques for a female patient. It was observed that you were wiping stool up towards the patient’s urethra at times, and I had to remind you of the importance of wiping down/away. I would encourage you to review the hygiene skills to ensure you are safely practicing. On Wednesday, you were initially unprepared for your medication pass. Upon beginning discussion about your patient’s medications, you were unable to give me any information about the first medication on the list. It was then discovered that you had not researched your medications prior to. As a nurse, it is very important that you research your medications and you understand why you are administering them. You should never give a medication to a patient that you do not know anything about. This creates a concern for patient safety in that you do not know how to evaluate the medication’s effectiveness, side effects, etc. 1(e) This competency was changed to an ”NI” for this week because you required frequent verbal and supportive cues during your medication pass on Wednesday in order to ensure all seven rights were followed. As stated above, you were initially unprepared in that you had not researched your medications so you did not know what they were for. Additionally, there were several medications that you were unaware that you did not scan until I reminded you. You had accidentally placed these medications in the same pile as ones that had been scanned, and had I not stopped you, you would have administered them without completing your final check and scanning them. This could have put the patient at risk for a medication error. It is very important that you take your time during medication pass, and diligently complete all of your checks. When scanning your medications, be sure to look at the list on the screen so you can ensure that they are scanned and correct. As a final evaluation for the semester, you remain satisfactory in both of these competencies. This is because over the course of the semester you have consistently performed satisfactorily each week. Moving forward into your career as an RN, please utilize this feedback to learn and grow. I know you will be a great addition to the nursing profession, but don’t ever lose sight of your foundational skills. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	NA	NA	NA	S	S	S	NA	NA	**S**
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	NA	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	NA	~~NA~~ S	S	NA	NA	NA	NA	NA	**S**	NA	NA	NA	NA	S	S	NA	NA	**S**
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	NA	NA	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BS**	**CB**	**BL**	**BL**	**BL**	**BL**

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

Comments:

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

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. (2d) Providing care for a patient involves the nursing process and the implementation of a plan of care, as you care for patients you are using your clinical judgement to provide the care, prioritize, and formulate a nursing plan of care. Therefore, this competency was changed to a "S". 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

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Week 12- 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 complete your pathophysiology CDG this week. Please see rubric below for feedback. 2e- You were also respectful of the patient's family members as they went through this difficult situation. BS

Week 13(2e,d): Caitlin, you do a great job respecting your patient needs, ensuring that optimal care is provided around their needs. Great job in debriefing discussing social determinants of health that may impact your patient. Satisfactory completion of your care map, please review my feedback below on the grading rubric. CB

Week 14-2(b,c) Great job discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. 2(e) Excellent job respecting your patient's perspective and needs this week. Although it could be challenging at times with your patient's mental status, you remained kind, patient and understanding. You demonstrated all the important qualities a nurse should have, and built a great rapport with the patient. Great job! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

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

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 5 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. AR

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

Week 10 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep it up. AR

Week 12- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

Week 13(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. Competency 3b was changed to a "S" because documentation and monitoring were performed during clinical that is a part of quality standards. CB

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Week 14-3(b) Great job participating in the discussion of quality indicators and core measures. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 2: 4.a.: An example of a legal issue that was observed in the clinical setting on 3T was when a patient's spouse, partner, or significant other was yelling and screaming at the receptionist or charge nurse about POA for the patient. He was apparently upset that one of the patient's kids was the POA and not him and at one point I believe the charge nurse had tried to speak with the man in the conference room for privacy and not violate HIPAA by talking about the patient's medical issues. The situation had started in the morning, he was banned from the floor in the early afternoon, and had to be escorted out after a security alert was called for the floor. Granted I am unsure on most of went on, but the patient had to have a security guard posted outside the door in case he was to go to the patient's room. Unfortunately for him the POA document was legally binding, and he had no say in the matter.

Week 2 (4a)- These types of issues can be very complicated. It is important to listen and educate the patient's spouse of the legality of the situation. There may be a good reason why the children are the POA. 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

Week 3: 4.a.: An example of a legal/ethical issue that could have potentially been an issue in the clinical setting was a patient who was being medically discharged, but didn't have placement in a rehab center or nursing home. The patient was not mine, however I did help with her care when she needed help ambulating to the bedside commode. Her daughter was angry with the fact that she was being medically discharged because there was nothing wrong with her. When the case manager reached out to her with her options of facilities that were willing to take her, she had a laundry list of issues with each facility. The facilities were either too far from the daughter, not in the right county, she heard there was an outbreak of COVID, or it just wasn't good enough. The hospital couldn't just let her leave with nowhere to go or they could possibly held liable if something were to happen. The daughter eventually decided on a facility late in the evening, so they were not able to arrange for

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transport until the next morning. This can be a difficult situation. The hospital has a certain obligation but often people do not understand the process. Some individuals think the hospital should keep their loved ones until they are totally rehabilitated but unfortunately insurance dictates a lot of these decisions. The hospital will not get paid after a certain period of time decided by the insurance company as reasonable. FB

Week 4: 4.a.: I personally did remember any possible legal or ethical issues when caring for any of my patients, but I had overheard a nurse talking about a legal issue/ethical issue about another patient on the floor. 3T was a nurse short on Tuesday so a 1 south nurse was floated to 3T. One of the nurses' patients was experiencing a stroke and how no idea how to respond. She had to ask a 3T what to do and the 3T nurse ended up being the one to call a stroke alert for the patient. If a nurse is going to be floated there should at least be the basic understanding of what to do in case of emergency. From my understanding there was a period of time of at least 5 minutes where the no one was with the patient and a stroke alert was not called. I do not know who the patient's family was or if they have any family at all, but there is a large possibility the if the patient has family, they could sue from my understanding. Good example of an ethical issue. The psych nurse that was floated should have been oriented to the floor and probably not have a patient assignment. If the nurse was uncomfortable with caring for a patient load she should speak up and voice her concerns and why she feels uncomfortable. Nursing is a team effort and other nurses should assist the nurse that is floated to their unit. If the patient was assessed and cared for in a timely manner, it is not really a legal issue. FB

Week 5: 4.a.: A possible legal and ethical issue was when a nurse was speaking about a patient and what she was in the hospital for. She talked about this patient right next to the waiting room, where there were visitors inside. I don't believe the visitors heard anything due to the noise level at the time, but I heard her just down the hall. This could turn into a HIPAA violation and cause legal issues for the nurse and hospital. This is an excellent example and similar to things that occur way too often. AR

Week 5 (4c)- You have received an unsatisfactory for this competency due to not submitting your Quality Scavenger Hunt as directed by the due date and time. Be sure to follow the instructions on pages 1-2 of this tool and address this on your Week 6 tool. AR

Week 6: 4.a.: A possible ethical issue with core measures is regarding the collection of the data used. The patient may not be aware that their data is being used as quantitative data and when giving consent to be treated by the hospital may not be aware that is part of the consent. This is a potential issue and not one I have thought of before. Not many people read all the way through the documents they are given and even if they did, they may not understand this point. Good job. AR

Week 8: 4.c.: I will ensure that I turn in all of my paperwork by creating a checklist ahead of my next clinical of all paperwork and assignments due related to that clinical. Great plan! AR

Week 9 :4. a.: A possible ethical issue was when I witnessed a TEE in cardiac diagnostics. The doctor had gotten pictures of the patient's heart from all different angles and the patients' sedation was starting to wear off. But even when the patient started to cough and need suction for the excess in secretions, he just kept moving the scope in and out of the esophagus while the nurse was doing a ton of different things at once. The doctor could have stopped moving the scope, suctioned from his angle which was ideal, and let the patient get calmed down/stable. This may have not been a good ethical issue, but I personal thought it was terrible and an issue. This is a great example of an ethical issue. It could also end up being a legal issue if the patient had aspirated, etc. when the sedation started wearing off. AR

Week 10: 4. a.: I don't recall seeing any particular ethical or legal issues, but did find a potential issue with HIPAA. In the infusion center, there are 3 procedure rooms and several infusion chairs. With the infusion chairs, there is only a thin curtain hanging from the ceiling separating patients. The patient's information is easily heard from the other side of the curtain and that in itself is a ethical and a legal issue, especially if the infusion center is experiencing a high volume of patients that are scheduled or walk-in. This is definitely a concern for the Infusion Center. Great example. AR

Week 11: 4.a.: A possible ethical issue I saw in special procedures was about a patient's home life. A patient expressed to a nurse that herself and her husband will only eat about one complete meal a day. She receives meals on wheels, and they share that meal that is meant for one person. The nurse did not seek further information into the issue about the patient's nutrition and I had tried to give the patient better nutritional options that weren't as expense and how to meal prep. Resources were not provided to the patient as far as help with food goes. This is a great example and is definitely an ethical concern. AR

Week 12: 4.a.: What I feel is a possible ethical issue is quality of life of the patients. My patient was 85 and was on a vent, she just looked so tired and was at the time recuperating from surgery the day before. Her vent was set to assist her with breathing and she just kept breathing at the minimum of 12 bpm. When or if she is able to be off the vent she will have a long recovery to go and at to me it feels like it's a terrible quality of life. This is something that is best addressed when not in a health crisis. Having your wishes documented and having someone to honor your wishes when a crisis occurs is a good way to ensure healthcare decisions are made with the patient's best interests in mind. Good point. BS

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Week 13: 4.a.: A possible ethical and legal issue observed in the clinical setting is when the doctors/care team were discussing the patient. They stood outside the patients open door and talked loudly about them, which is highly inappropriate, it was also prime visitor time when they were doing this so another patients family could have heard about the patients' private medical issues. They could have went into an empty room or the viewing room, or literally any other room that was private. Caitlin, great example. I agree it was inappropriate, especially how loud they were. The appropriate place to have the conversation about the patient would have been in the patient's room, not in the hallway. CB

Week 14: 4.a: A possible ethical issue observed in the clinical setting is concerning my patient's living environment. She needs a SNF as her husband is unable to care for her as evidenced by her frequent visits and stays at the hospital. He states he gives her the lactulose ordered, but according to her ammonia levels she isn't receiving it. She also cannot do any ADL's and needs round the clock care. When the case manager talked to the family, she recommended she go to a SNF, but they said that she would be mad at them if they did send her to a SNF. She needs better care and a safer environment than what she gets at home, but the family wants her to go back home. Great job, Caitlin. 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
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	S	S	S	S	S	NA	NA	NA	**S**	S	S	S	S	S	S	NA	NA	**S**
Faculty Initials	**FB**	**FB**	**FB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**BS**	**CB**	**BL**	**BL**	**BL**	**BL**

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Satisfactory in all areas, except excellent in member of profession: demonstrates professionalism in nursing. Student goals: No student goals were provided. You must provide a goal for the next clinical experience. Additional Preceptor comments: "Caitlin was great. Very eager to learn and help. She anticipates pt.'s needs and is very prompt. Caitlin is a little soft spoken, so I recommend speaking up a little more so pt.'s can better understand. IV medication confidence will come with more experience. Overall, Caitlin did great! Caitlin placed one IV today" CK/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: "Do more work with IV's, perhaps start more and do more IV meds." Additional Preceptor comments: "Caitlin did a great job today. She was supposed to take on 2 patients but was actually helping out with all 5 patients I had on my caseload. She helped with admissions and discharges, completed head to toe assessments, administered PO and IV medications, following 5 rights and collected a urine sample for urinalysis. Excellent patient education and communication skills." SV/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas. Student goals: "Do more nursing skills with the patients like foley insertion, NG tubes, etc." Additional preceptor comments: "Great communication with patients and family. Provided excellent well-rounded care to 3 different patients." JW/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Satisfactory in all areas, except excellent in provider of care: demonstrates safe completion of nursing skills, collection/documentation of data, manager of care: communication skills, member of the profession: demonstrates professionalism in nursing. Student goals: "To do more patient interactions that are not patient care related." Additional Preceptor comments: "Student knew the patient's meds and uses.

*End-of- Program Student Learning Outcomes

Passed oral, IVP, IVPB and IM all while maintaining the correct steps/procedure. Asked questions when appropriate. Open minded and listened to education and directions. Recognized a patient in distress, remained calm and helped to get the patient stable. DM/FB Reported for clinical rotation on 1/29/2025 – Satisfactory in all areas. Student goals: "I want to experience nursing skills at a higher level of care." No additional Preceptor comments. NM/FB

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

Week 12- 5b- You were able to observe placement of an arterial line this week in clinical. 5c/e- During debriefing you did a nice job describing factors that create a culture of safety and discussing the use of EBP tools that can help support safety and quality. BS

Week 13(5a): Caitlin, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. CB

Week 14-5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
Week 3 (6d)- Satisfactory completion of Hand-Off report, 30/30 points. Additional RN comments: "Great organized report. Great flow of patient information to oncoming nurse." JW/FB (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) This competency was changed to a needs improvement (NI), the clinical discussion was to provide the process of the medication reconciliation, identify an education need and develop an education plan. You were allotted 2 hours for this discussion post. The education plan was to be specific including patient assessment data, disease information, treatment plan, instructions, teaching methods, and an evaluation. Minimal effort was demonstrated with your post being a very brief response. Make sure to provide more detail for future responses. FB

Week 5 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinicals. Keep up the great work. AR

*End-of- Program Student Learning Outcomes

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

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

Week 10 (6c)- Satisfactory discussion related to your Infusion Center clinical experience. (6f)- You have received a "Needs Improvement" for this competency due to not providing a reference for your in-text citation. Please review the CDG Grading Rubric; in order to be satisfactory, you must have an in-text citation along with reference. AR

Week 11 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep up the good work. AR

Week 12- 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 for your patient, but I'm glad you were able to have this experience. 5e- Documentation was well done in a timely manner. 5f- You received a U in this competency for not including a reference and in-text citation in your CDG this week. Please see your rubric for further instructions and respond below as to how you will prevent this in the future. BS

To prevent this in the future, I will look the rubric over to make sure I have all mandatory components to receive a satisfactory component. CB

Week 13(6a-f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. You discussed communication, collaboration, and teaching needs of your patient during debriefing, therefore competency 6b was changed to a "S". Satisfactory completion of your 4T hand-off report, please see the grading rubric below for feedback. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB

Week 14-6(e) Overall, you did a nice job with all of your documentation this week in clinical. A friendly reminder to be cautious about using the "recall" function. This function does not always utilize your own documentation when recalling, which leads to inaccuracies in your documentation. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 3 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB
Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Week 6 (7a)- Satisfactory with CDG discussion related to your Quality Assurance/Core Measures observation. Keep up the good work. AR

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

Week 12- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 13(7d): Caitlin, you did an excellent job this week having an ACE attitude while caring for your patient. CB

Week 14-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Nonalcoholic Fatty Liver Disease: What Nurses Need to Know." Excellent job! 7(d) Excellent job maintaining an "ACE" attitude at all times while caring for your patient. Due to your patient's mental status, I know it could be challenging at times, but you remained positive and helpful. I could tell that the patient really felt comfortable with you. 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: Caitlin Gresh **Date or Clinical Week:** 4/8-9/2025				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Great job noticing abnormal assessment findings, labs, diagnostic testing, and risk factors for your patient. Remember that per the rubric, you only need to list abnormal findings. High fall risk is an assessment finding, ineffective support system should be under risk factors, and I would have added the diet of pureed, nectar thick. Hypertension should be included in your risk factors.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	All nursing priorities related to your patient should be listed. Acute alcohol withdrawal, decreased activity intolerance, deficient knowledge, impaired swallowing, ineffective airway clearance, risk for adult falls, risk for aspiration, and self-neglect. You did a great job correlating all of your abnormal assessments to your priority problem of acute confusion r/t electrolyte imbalance. Good job listing potential complications of your priority problem including signs and symptoms
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	

*End-of- Program Student Learning Outcomes

							to monitor for, but delirium is a type of confusion, which is your nursing priority.
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Great job listing all relevant nursing interventions related to your patient's priority problem. Other interventions that should be included are assessing vital signs, CIWA scale, fluid restriction, administering medications including 3% sodium chloride IV fluids, folic acid, thiamine, multivitamin, and enoxaparin. Also, when listing medication, be specific with dosage and frequency. Remember always to assess, do, then educate.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	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	
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	The reflection portion of the care map should include evaluation of any assessment finding or lab/diagnostic testing that is highlight, whether the finding has changed or not. I also agree to continue the plan of care for your patient.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

*End-of- Program Student Learning Outcomes

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 care map. Please review my feedback throughout the rubric.**	**Total Points: 39/45** **Faculty/Teaching Assistant Initials: CB**

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
4/8-9/2025	Acute confusion r/t electrolyte imbalance	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:

*End-of- Program Student Learning Outcomes

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

Student Name: C. Gresh **Clinical Date:** 4/1-4/2/2025

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points: 4** **Comments:** Great job providing a description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points: 6** **Comments:** Great job providing a detailed description of the pathophysiology of your patient's current diagnoses.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points: 6** **Comments:** You did a great job correlating the patient's current diagnoses with all her presenting signs and symptoms.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points: 12** **Comments:** Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	**Total Points: 12** **Comments:** All patient's relevant diagnostic tests and results included with rationales provided for each. Nice job describing what a normal diagnostic test result would be for each, and how the results correlate with the patient's current diagnosis.
6. Correlate the patient's current diagnosis with all related	**Total Points: 9**

*End-of- Program Student Learning Outcomes

medications. (9 points total) • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**Comments:** You did a nice job correlating the patient's current diagnoses with all the related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points:4** **Comments:** Great job correlating your patient's current diagnoses with her pertinent past medical history.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 4** **Comments:** Suggestions: Monitor vital signs, monitor respiratory status, monitor ventilator settings, administer piperacillin/tazobactam. etc.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points: 5** **Comments:** Great job here, but you forgot nursing.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** 62/65 Unsatisfactory. BS **Comments:** You did a very good job on your pathophysiology CGD but did not include a reference and in-text citation. Please add these required components and resubmit to me via email by 0800 Monday, April 7th. BS

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: _____Caitlin Gresh_____ **Date**: ____4/9/25_____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

	Meets Expectations 5	**Needs Improvement 3**	**Does Not Meet Expectations 0**	**POINTS**
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	3
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
Communication Prioritization (1,4,5,6)*	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	5
			TOTAL POINTS	28/30

*End-of- Program Student Learning Outcomes

Faculty Comments: _____

_Great job on your hand-off report. You were detailed, although you did not give a complete past medical history which is always important in the care of your patient.

_____

Faculty Signature:_____Chandra Barnes, MSN, RN_____ Date: _____4/9/2025_____

*End-of- Program Student Learning Outcomes

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

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

* Course Objectives

Comments:
Week 8 Simulation: See rubric below AR
Comprehensive Simulation- Satisfactory completion of the comprehensive simulation. Please see the grading rubric below. CB

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Caitlin Gresh**
GROUP #: Group #2
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/7/25 0800-1200

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2,7)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Recognized all signs and symptoms associated with patient's diagnosis of hypovolemic shock upon arrival (ex. abdominal pain, vomiting, vital signs, labs).** **Recognized abnormal assessment (respiratory and neurological) and diagnostic (lab, Xray, ABG) findings related to acute respiratory distress.** **Recognized abnormal ECG, abnormal troponin level, and patient reporting chest pain/pressure. Recognized the need to select equipment based off ECG interpretation.**
INTERPRETING: (1,2,6)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Accurately interprets abnormal assessment findings (abdominal pain/tenderness, vomiting, tachycardia, hypotension, low hemoglobin) for patient with hypovolemic shock.** **Excellent job prioritizing appropriate data to include in communication using the SBAR format during care of patient with hypovolemic shock.** **Appropriate interpretation of abnormal assessment and diagnostic findings for the patient with acute respiratory distress.** **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.**
RESPONDING: (2,3,6,7)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D 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.** **Demonstrated clear communication providing patient education related to blood transfusion.**

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• Being Skillful:	E	A	D	B	**Provided appropriate interventions based on assessment findings for patient with hypovolemic shock.** **Prioritized and initiated pertinent nursing interventions for the patient with acute respiratory distress.** **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.** **Maintained confidence while delivering appropriate care throughout three separate, emergency patient scenarios.** **Active engagement throughout patient scenarios.**
REFLECTING: (5,7)*					**Able to identify new knowledge obtained throughout the simulation and how to apply to future patient care scenarios.** **Asked appropriate questions to gain understanding of information provided.** **Appropriate use of assessment findings using a clinical decision-making process to prioritize patient care.** **Communicated in a clear, concise, and effective manner. Able to identify barriers to communication and managing these barriers effectively.** **Provided appropriate delegation insight based on each scenario.** **Recognized areas of improvement and strengths for prioritization, delegation, and communication during the various simulation scenarios.**
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing**					**Lasater Clinical Judgement Rubric Comments:** **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.**

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B= Beginning **Scenario Objectives:** 1. **Prioritize care in a multi-patient setting, managing the workload and making critical decisions. (1,2,6)*** 2. **Collaborate with interdisciplinary healthcare teams, effectively communicating patient status and treatment plans to ensure positive patient outcomes. (2,3,6,7)*** 3. **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)*** 4. **Evaluate and reflect on patient outcomes. (5,7)***	**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.** **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.** **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.** **Overall excellent performance during the comprehensive simulation on patient's experiencing a Shock, ARDS, and a MI.**

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

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

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

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date:

ar 11/15/2024

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