EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Lynnette Swinehart

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/21/2025

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: Amy M. Rockwell, MSN, RN

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

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	N/A	n/a	S	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	n/a	S	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	n/a	S	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	N/A	n/a	N/A	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
e. Administer medications observing the seven rights of medication administration. **(Responding)**	~~N/A~~ S	n/a	N/A	S	s	s	NA	NA	**S**	S	S	s	s	na	na	na	na	**S**
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	S	n/a	N/A	n/a	n/a	s	NA	NA	**S**	~~S~~ NA	NA	n/a	s	s	na	na	na	**S**
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	N/A	n/a	N/A	S	s	s	NA	NA	**S**	s	S	s	s	s	na	na	na	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**	**BS**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**
Clinical Location	QC& DH	No clinical	PD	PM 4N	PM 3 Tower	PM 3 Tower				4P	4C	4C	IS, CD	Special procedures	No clinical	No clinical	No clinical	

Comments:

Week 2 (1e,f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 4 (1c)- Satisfactory during your Patient Advocate/Discharge Planner clinical and with your discussion via the CDG posting. Keep up the great work. AR

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

*End-of- Program Student Learning Outcomes

Week 6 (1a,b,c)- Satisfactory with managing three patients during your patient management clinical experiences this week! Try to manage at least four during your next clinical experience. Great job! FB

Week 7 (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 9-1(a-e,g) Excellent job this week managing complex patient care situations. Medication passes were safely done following all seven rights. Practice was gained interpreting cardiac rhythms through observation and one on one discussion. Great job monitoring your patient very closely on 4P to ensure positive patient outcomes. BL

Week 10- 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 11(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. You were able to discuss cardiac rhythm strips in clinical this week. You did a great job administering medications to your patient this week (IV push, IV, transdermal), following the seven rights of medication administration. Great job! CB

Week 12 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in 'actively engaged in the clinical experience'; Satisfactory in all other areas. Student drew labs from port, successfully started IV, primed lines, gave Mag through port. Student witnessed blood admin; antibiotics given and other medication." Great job! AR

Week 13 (1b,c)- Satisfactory during your Special Procedures clinical and with discussion via CDG posting. Great job! (1d)- Excellent job on your ECG Booklet assignment! Keep practicing as you transition to the RN role! AR

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

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

Comments:

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

*End-of- Program Student Learning Outcomes

Week 6 (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 7 (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 9-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. 2(e) Great job in debriefing discussing cultural considerations and racial inequalities that may need to be assessed while caring for patients. BL

Week 10- 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 satisfactorily. 2e- You were also respectful of the patient's family members as they went through this difficult situation. 2e- During debriefing, you did a nice job identifying social determinants of health, relevant to your patient, that could have an impact on her health, well-being, and quality of life. BS

Week 11(2b,c,d) Great job in debriefing 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 would take appropriate action. CB

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	n/a	S	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	S	n/a	~~N/A~~ S	S	s	s	NA	NA	**S**	S	S	s	n/a	na	na	na	na	**S**
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	n/a	S	n/a	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	S	n/a	S	S	s	s	NA	NA	**S**	S	S	s	s	s	na	na	na	**S**
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	N/A	n/a	n/a	S	s	s	NA	NA	**S**	~~S~~ NA	NA	s	N/a	na	na	na	na	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**	**BS**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

Comments:

Week 2 (3b)- Satisfactory during your Quality Assurance/Core Measures observation and with your discussion via CDG posting. Keep up the good work. AR

Week 4 (3b,c)- Satisfactory during your Quality Scavenger Hunt clinical, with documentation, and with your discussion via CDG posting. Keep it up. AR

Week 5 (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 6 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Week 7 (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 9-3(c) Excellent job demonstrating fiscal responsibility in clinical practice this week, as well as discussing additional strategies to achieve this in debriefing. BL

Week 10- 3a- You did a nice job critiquing communication barriers observed while in the clinical setting. BS

*End-of- Program Student Learning Outcomes

Week 11(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Week 12 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2 (4a) : Legal issues could arise when a patient experiences a poor outcome and decides to take legal action against those that provided the care. In this aspect it is very important to ensure all documentation is accurate and thorough. An example of drag and drop documentation was provided to us, while in the rapid response presentation of the QC, and it may have been an honest mistake it looks really bad when reviewed at a later date when a problem had come about. Painting a good picture of that situation that day is important as you may potentially be brought in for litigation. Absolutely. Great example. AR

Week 4 (4a) One legal or ethical issue was a concern called in by a patient that had come into the ER and voiced that staff was attempting to insert a peripheral line and was struggling. The patient asked if they could have a break from being poked but the response from the physician was fine just leave then. The patient was not declining having an IV started but just was asking for a break from being poked at. This patient then left and went to another hospital where it was discovered that they had excessive bleeding from the liver. I think this could be considered medical malpractice. This patient had a serious medical concern and was dismissed by the physician when the patient was just asking for a break from being poked or some kind of alternative route to get a line started. This is definitely a concerning situation from both a legal and ethical (physician's ethical obligations) standpoint. Perfect example based on your Patient Advocate/Discharge Planner experience. AR

Week 5 (4a) One legal or ethical issue on my clinical day was with the administration of blood. One being to be sure to make sure there is proper consent in the chart for the patient. I don't believe that I saw the nurse look to be sure the consent was actually in the chart and in the 30 day time frame, but the charge nurse stated it was there. As the primary nurse, I think I may have verified this myself by putting my own eyes on it. Not that I wouldn't trust the word of the charge nurse, but they are not the ones administering the blood, the primary nurse was. I would want to check the date to be sure it was current myself. The patient also did voice some concerns about receiving blood even though they had received blood previously. Education was provided to the patient. Receiving blood could be a ethical issue for some as some religions or cultures choose to not receive blood. Great example, I agree with you I would go back and check if I am the person administering the blood. FB

*End-of- Program Student Learning Outcomes

Week 6 (4a)- A legal/ethical issue that is really frustrating to me is when patients are denied by facilities for SNF level of care. So many patients do not have home support, and this was the case for one of my patients. The patient had been in the hospital for several days, more than needed and was waiting for placement to SNF. This patient getting frustrated with waiting was also considering going home. This patient was unable to get around well even with a walker and was not able to perform any hygiene independently. One facility did come back with a placement, but the patient is refusing to go to that place and suggested just going home. This choice is ultimately up to the patient who can make their own decisions. But it is a huge safety concern because this patient cannot care for self properly. It is truly unfortunate that individuals are refused any care. So many of these decisions are coming from insurance companies that do not know the patient and what their capabilities could be. It is very scary to think that the decisions about health care are not coming from individuals that have the knowledge regarding the care that is needed for patients. FB

Week 7 (4a)- The legal/ethical issue I experienced this week I feel could have been avoided. One of my patients had urinary retention, and despite an overwhelming number of attempts to place a catheter with no success, had experienced significant trauma to the urethra to the point that even urology with a scope could not get a foley placed. The urologist offered no suggestion on what to do next, stating even a suprapubic catheter could not be placed due to low platelets. After 2-3 failed attempts at placement urology should have been notified first thing in the morning, and perhaps proper placement could have been obtained. This patient was then left with a full bladder, with no further instruction from urology, or as far as I knew there was none when I had left. The progress note had not been completed before I left for the day. I felt the attempts at foley placement were not acceptable nor was the response from the urologist. I advocated for this patient as much as I could, and had I not when I did, I don't think anything would have been done at all. This is a very sad situation. If the patient has long term affects from the actions taken or not taken, the patient would have every right to seek a second opinion or seek out healthcare at another facility. Very good example of an ethical issue. FB

Week 9 (4a)- One example of legal or ethical issues noticed on my clinical day, was that I was observing 2 nurses insert a foley the nurse inserting the catheter was having some difficulty and asked if the other nurse would try to insert the catheter. This nurse did try but did not put on sterile gloves, she just took over the attempted placement of the foley with clean gloves. This patient was already immunocompromised with a multitude of other issues. This put this patient at risk for further complications. I'm sorry that you witnessed these actions this week in clinical. I'm happy that you recognized this was wrong, and I'm hopeful you will learn from these nurses' actions on how to better handle a situation like this in the future. I realize as a student it is not always easy to speak up and say something when you witness inappropriate behavior; however, I hope as you grow into your RN role you will feel more comfortable and confident about advocating for a patient when you witness a situation when a patient's wellbeing/safety is at risk. Keep up all your great work! BL

Week 10 (4a) Ethical issues with this patient were the opinions of the care that the patient may have wanted. This patient had a friend that insisted that she knew and had discussed such matters with this patient and the patient would have not wanted to be intubated. This patient did not have a living will specifying wishes, so the decisions were made by the patient's children. Who were realistic about the situation and seemed to have a good plan for how they wanted to proceed with care. It is really important that if you have specific wishes in regards to life saving measures that it is in a advance directive, that is a legal document. If these wishes are in the legal document those wishes would be honored. Great point, Lynette. Unfortunately, this is a rather common situation in the critical care environment. This is an easily avoided problem, but many people put off making these decisions until they are in a situation such as this. BS

Week 11 (4a)- For my assigned patient this week, this patient was using street drugs for pain management supposedly. This patient also had a spouse that also has a substance abuse history. While in the ICU admitted for an overdose, the pateints spouse permitted this patient to use marijuana vape. I feel as if this family member is not supportive in this patient getting the help that they need but just continuing to contribute to the problem. Lynnette, this is a great legal/ethical issue to bring up. Like discussed in debriefing, if the situation continues to occur, security needs called and the husband needs to be told he can not visit. It is not only putting the patient at risk for harm, but others as well, due to the husband's judgement being impaired. CB

Week 12 (4a)- legal ethical issues I found especially in the infusion center were that it was important for the nurses to be sure that there is prior authorization for some of the ordered mediations due to cost. If a nurse administers a medication that did not have prior authorization that cost is the responsibility of the infusion center. That is a lot of responsibility if the nurses. The nurses in the Infusion Center do have a lot of responsibility, including financial knowledge and concerns. This is a perfect example for this department. AR

*End-of- Program Student Learning Outcomes

Week 13 (4a)- all patients required consent to their procedures for the day. The nurses just inquired about the patients understanding of what they were having done, and if they provider discussed this with them. The nurses also provided very thorough education especially for one patient that had their first paracentesis of probably many more to come. This is a great example of a potential legal issue if the informed consent isn't obtained prior to the procedure, and also ethical is the nurse had not educated the patient. AR

Week 14 (4c)- Due to your clinical tool being submitted past the due date and time, you have received an Unsatisfactory evaluation for this competency. For your final tool you will need to address this U by following the directions at the beginning of this tool. Overall you have been satisfactory in this competency throughout the semester. AR

Week 14 (4c)- unsatisfactory in professionalism, I will be sure to be mindful of due dates on weeks that have less due. With the semester coming to and end quickly having some extra free time, the days got away from me.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2 (5c)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/4/2025– Excellent in all areas. Student goals: "Seek out additional opportunities for learning or learning a new skill. I observed a PICC line dressing change, I would feel more confident in performing this skill next time." Additional Preceptor comments: I really enjoyed having Lynn as my student today. She is eager to learn and seek out every opportunity to do. Excellent assessment skills, great patient education, wonderful communication with the patients and staff. SV/FB

Week 6 (5a)- this week I was able to do a lot of IV push medications, as well as do a stat EKG on my patient that was ready to discharge but suddenly went into afib with rvr that we noticed on the telemetry monitor. I was able to initiate a Cardizem drip. I also responded to a code in the ICU with my preceptor, and did chest compressions. Great job Lynette, these are great learning experiences! FB

*End-of- Program Student Learning Outcomes

Week 6 (5a)- Reported on by assigned RN for clinical rotation 2/11/2025- Excellent in all areas. Additional preceptor comments: “Time manages very well. Asks appropriate and thoughtful questions. Seeks help and advice when needed and appropriately.” HO/FB Reported on by assigned RN during clinical rotation 2/12/2025- Excellent in all areas, except satisfactory in provider of care: establishment of plan of care, manager of care: delegation. Student goals: “Continue to seek out new learning, get more familiar with doing an emergency 12 EKG. Also utilizing the air strip on the computer to monitor EKG.” Additional preceptor comments: “Lynn did a great job with prioritization and managing patient needs. Keep on adding more patients to your assignment and don’t be afraid to ask for new experiences.” PW/FB

Week 7 (5a) I participated in a variety of skills, inserted one IV successfully on the first try. I ran many IV antibiotics and gave a lot of IV protonix and IV Lasix. I also took care of a patient that I felt was far too sick to be on 3T, observed a renal ultrasound, and liver biopsy. One patient I provided care to was a post op patient with a finger amputation, I do wish I would have been able to observe the finger amputation but I would have been away from the floor for a significant amount of time which I felt defeated the purpose of the patient management clinical. I also provided education to my patient that had chronically low Hgb due to GI bleeding. Great job, you had some very good experiences. You demonstrate an eagerness to learn and participate in a variety of new skills. There are no doubts you are going to be a great RN. FB

Week 7 (5a) Reported on by assigned RN during clinical rotation on 2/18/2025 –Excellent in all areas, except satisfactory for manager of care: delegation. Student goals: “Become more comfortable with post op care, and being familiar with physician preferences for care post op.” Additional Preceptor comments: “Student managed time very well, meds passed on time. Informed RN when new orders were in. Charting accurate and kept up to date.” DM/FB Reported on by assigned RN during clinical rotation on 2/19/2025 – Excellent in all areas. Student goals: “Become more comfortable with caring for critical patient.” Additional Preceptor comments: “Lynn is a very hard worker and a compassionate nurse. She demonstrates performing great IV start attempt on a patient. Lynn is a great person and an awesome nurse.” CB/FB

Week 9-5(b) Lynnette, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. You took excellent care of your patient this week, and consistently demonstrated a willingness to learn and grow. 5(c,e) Great job this week during debriefing in which you were actively involved in the discussion of these competencies. BL

Week 10- Great performance in the clinical setting this week. Documentation was done accurately and in a timely manner, as was medication administration. Nice work! BS

Week 11(5b,d) Lynnette, you do an excellent job working independently, while taking initiative in completing nursing interventions for your patient. Great job using standard precautions while caring for your patients this week! Great job discussing factors that create a culture of safety for your patient in your cdg. CB

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

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation, while following the CDG grading rubric. Keep up the good work. AR

Week 4 (6c,f)- Satisfactory CDG postings related to your Quality Scavenger Hunt and Patient Advocate/Discharge Planner clinical experiences. Keep up the great work. AR

*End-of- Program Student Learning Outcomes

Week 5 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: “Lynn gave an excellent and very detailed report to the night shift nurse. She followed the SBAR format and provided a very clear, precise, and pertinent information about her patient. SV/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

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

Week 7 (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 9-6(e) Great job with all of your documentation this week in clinical. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 10- 6a/b/c- Nice job discussing your observations (and participation) about establishing collaborative partnerships and communication with patients, families, fellow students, and other health care team members in an attempt to achieve optimal patient outcomes. BS

Week 11(6d,e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 12 (6c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience this week. (6f)- Satisfactory CDG postings related to your Infusion Center and Cardiac Diagnostics clinical experiences. Keep up the great work on your final CDG! AR

Week 13 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. You have done a great job this semester! AR
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	n/a	S	S	s	s	NA	NA	**S**	s	S	s	s	s	na	na	na	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	n/a	S	S	s	s	NA	NA	**S**	s	S	s	s	s	na	na	na	**S**
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	n/a	S	S	s	s	NA	NA	**S**	s	S	s	s	s	na	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	n/a	S	S	s	s	NA	NA	**S**	s	S	s	s	s	na	na	na	**S**
Faculty Initials	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**FB**	**FB**	**FB**	**BL**	**BS**	**CB**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**

Comments:

Week 2 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation experience. Keep up the good work. AR

Week 6 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

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

Midterm- Great job during the first half of the semester. Keep it up as you complete the course! FB

Week 9-7(d) Great job demonstrating all the qualities of "ACE." Keep up all your hard work. You will be an excellent RN! BL

Week 10- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 11(7a,b,d)- You researched and summarized an interesting EBP article in your CDG titled "The latest on clabsis and CAUTIS: Evidence-based approaches for infection prevention." 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. CB

Final: You have done an excellent job in all clinical experiences this semester. You will make an outstanding RN! Best of luck in your future career! AR

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing

Care Map Grading Rubric

Student Name: Lynnette Swinehart	**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: 03/11/2025-03/12/2025	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Excellent job identifying all abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying all risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. As a reminder, your goal statement is simply a positive statement related to your top priority problem (Ex. Patient will have balanced fluid volume). You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Excellent job with your nursing interventions! You listed all relevant nursing interventions, prioritized them appropriately and provided detailed rationales. It would have also been important to include an intervention related to patient education.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

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

Reference

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

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

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

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

Total Points: 45/45

Faculty/Teaching Assistant Initials: BL

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
03/11/2025-03/12/2025	Impaired fluid volume	Satisfactory BL	NA

AMSN
2025

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: L. Swinehart **Clinical Date:** 3/18-3/19/2025

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 diagnosis (ischemic necrosis of large intestine) and how it lead to further problems in other body systems.
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 nice job correlating the patient's current diagnosis 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	**Total Points: 12**

*End-of- Program Student Learning Outcomes

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)	**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 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)	**Total Points: 9** **Comments:** You did a nice job correlating the patient's current diagnosis with all her prescribed medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) 1 • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 1	**Total Points: 2** **Comments:** Brief discussion of recent 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: 6** **Comments:** Nice job providing a prioritized list of nursing interventions relevant to your patient's care.
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: 6** **Comments:** Nice job discussing the interdisciplinary team members and their roles in your patient's care.
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)*	**Total Points:** 63/65 **Comments:** Satisfactory. Mice work, Lynette! BS

*End-of- Program Student Learning Outcomes

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	

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: _____Lynnette Swinehart_____ **Date**: _____March 26, 2025_____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

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

*End-of- Program Student Learning Outcomes

Prioritization (1,4,5,6)*	plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	presentation.	Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	30/30

Faculty Comments: _____

_____Great job giving a thorough, detailed report on your patient! _____

_____

Faculty Signature:_____**Chandra Barnes, MSN, RN**_____**Date:** ____**3/26/25**_____

*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	FB	FB	FB	BL	BS	CB	AR	AR
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Week 8: Satisfactory completion of Dysrhythmia simulation, see rubric below. FB

Comprehensive Simulation: See rubric below. AR

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Lynnette 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					OBSERVATION NOTES
NOTICING: (1,2)*					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. 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. Notices unresponsive patient, monitor applied, code blue called.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					SpO2 interpreted to be low. Lung sounds interpreted to be crackles. HR determined to be sinus bradycardia. New rhythm interpreted to be 3rd degree AV block. Reinterpreted to be 2nd degree type II AV block. New rhythm interpreted to be 3rd degree AV block. 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. Interpreted the need to begin CPR and defibrillate.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					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. 2nd 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. Heart rhythm correctly identified. Patches and O2 applied. Call to HCP to
• 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					

*End-of- Program Student Learning Outcomes

	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. Patches applied, CPR initiated, ambu bag initiated. 1 mg epinephrine q 3 minutes. Amiodarone mentioned as an alternative to epinephrine for cardiac arrest.
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. 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! 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. 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!
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**	Lasater Clinical Judgement Rubric Comments: 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 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

*End-of- Program Student Learning Outcomes

ECG patterns of common dysrhythmias. (1,2)* • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*** You are satisfactory for this scenario. Nice work! BS	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 use of most nursing skills; could improve speed or accuracy 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

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Trenton McIntyre, **Lynnette Swinehart**, Dylan Wilson, Hannah Baum, Anthony Drivas, Caitlin Gresh, Andrea Pulizzi, Grace Catanese, Destiny Houghtlen, Laurel Sieger
GROUP #: 2
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/7/25 0800-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,7)*					**Recognized all signs and symptoms associated with patient's diagnosis of hypovolemic shock upon arrival (ex. abdominal pain, vomiting, vital signs, labs).**
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	**Recognized abnormal assessment (respiratory and neurological) and diagnostic (lab, Xray, ABG) findings related to acute respiratory distress.**
• Information Seeking:	E	A	D	B	**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)*					**Accurately interprets abnormal assessment findings (abdominal pain/tenderness, vomiting, tachycardia, hypotension, low hemoglobin) for patient with hypovolemic shock.**
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	**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.

*End-of- Program Student Learning Outcomes

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 • Being Skillful: 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.** **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)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	**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.**

*End-of- Program Student Learning Outcomes

SUMMARY COMMENTS: * = Course Objectives	Lasater Clinical Judgement Rubric Comments:
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:** **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)***	**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.** **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.**

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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

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: Lynnette Swinehart

ar 11/15/2024

*End-of- Program Student Learning Outcomes