

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Joshua Hernandez

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/18/2025

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: 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:	S	S	S	S	S	S	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	N/A	S	S	NA	NA	S	S	S	S	N/A	S	N/A	N/A	N/A	S
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S	S	S	N/A	S	N/A	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	N/A	N/A	S	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	N/A	S	S	S	NA	NA	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	N/A	S	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR
Clinical Location	4C	4C	4P	Digestive health	Special procedures/C	Infusion Center				3T/Patient management	4N/Patient management	3T/Patient management	Quality Management	Patient advocate/Sc				

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. 1d- We briefly discussed your patient's heart rhythm and will continue discussion of rhythm identification and measurement over the next few weeks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. BS

*End-of- Program Student Learning Outcomes

Week 3- 1a/b- You did a good job this week assessing and providing care to your patient. It can be difficult caring for patients experiencing a lot of pain in addition to their medical problems, but you did a nice job connecting with your patient while performing your interventions. 1e- You also did a good job with medication administration while observing the seven rights. BS

Week 4(1a-e,g) Great job this week managing complex patient care situations. Your care was very well organized, and you did a great job with your time management. Your head to toe assessments were very thorough and well done. All six rights of medication administration were followed during all medication passes. You were able to discuss and interpret cardiac rhythm strips. Excellent job overall monitoring your patient closely to ensure positive patient outcomes. CB

Week 5 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 6 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” (1b,c)- Overall satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Needs improvement in ‘appropriate use of communication skills’; Satisfactory in all other areas. Seemed reluctant to engage. Observed MRI with pacemaker and lung biopsy. Didn’t ask any questions.” AR

Week 7 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas”. Student started 3 IV’s successfully and drew labs. Gave subcut. Injections, witnessed multiple dressings (wound care) and IVIG given.” Great job! AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Try to manage at least three during your next clinical experience. Great job! FB

Week 11 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 13 (1c)- Satisfactory during your Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” (1d)- Satisfactory with ECG Booklet assignment. Continue to practice as you begin your career as a RN! AR

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

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

Comments:

Week 2- 2a- You did a nice job correlating the relationships among your patient's disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily completing your pathophysiology CDG this week. 2e- You were also respectful of the patient's family members as they went through this difficult situation. BS

Week 3- 2e- During debriefing, you did a nice job identifying social determinants of health, relevant to your patient, that could have an impact on her health, well-being, and quality of life. Good job also of being mindful and respectful of the patient's perspective and values while providing care. BS

Week 4(2a,b,c,d) Excellent job utilizing your clinical judgement skills to formulate a prioritized plan of care for your patient on 4P this week. Please see the care map grading rubric below for my feedback. 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 took action. CB

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions.(2d) this competency was changed to a “S” because you are formulating a plan of care as you implement interventions based off the clinical judgment you have gained throughout the nursing curriculum. FB

Week 10 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 11 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient’s disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

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

Comments:

Week 2- 3c- You did a good job discussing strategies to achieve fiscal responsibility in clinical practice during our debriefing this week. BS

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

Week 4(3b) Great job in debriefing participating in the discussion of quality indicators and core measures. CB

Week 7 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Great job. AR

Week 9 (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 10 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Week 11 (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 12 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

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Week 13 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. Great job! AR
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:	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	N/A	S	S	NA	NA	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	S	N/A	N/A	S
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	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: Something that I had witnessed this week in my ICU clinical that can pose as an ethical issue would be not adhering to Data privacy such as HIPPA. I say this because in my patients situation this week there was instances were a lot of family members came in to pay their respects since my patient’s health was declining and in that the nurse had told family members what was going to happen to the patient once their apnea test came back. In telling information about organ donation the nurse could have broke HIPPA because regardless of what the family members were there for they may not been authorized to know that information which could pose as a legal issue as well if the POA wasn’t comfortable with that information being shared.

Week 2- 4a- You bring up a good point here, Josh. ICU nurses have these types of discussions quite frequently. Having difficult, and hopefully comforting, conversations like this is very important for grieving family members. You are correct, though, as we must be sure not to break any HIPPA rules while we are trying to be comforting. BS

Week 3: An ethical issue that I could have witnessed this week in my ICU clinical was the ethical issue of truth telling. My Patient had a lot going on in regards to their care so an issue that could have resulted from withholding what was going on with her treatment could have been adding more stress to the patient than she was already in. Although the patient didn’t want to hear her getting dialysis one extra time this week than usual it was still the nurses duty to make sure the patient has all the information in regards to the treatment plan. This could also intertwine with autonomy because having all the necessary information can guide the patient in making a decision such as refusal which she did when it came to having dialysis ran on her one extra time.

Week 3- 4a- Good point, Josh. In that instance (when patients refuse care) the appropriate thing to do would be to explain the importance of her dialysis treatments and that having her blood treated through the dialyzer would contribute to her overall healing. But yes, she is the final decision maker with regards to her medical care. BS

Week 4: A legal issue that I had seen that could have potentially caused injury to a patient and this would be negligence. Towards the end of my clinical experience in progressive care a patient had walked out of their room with an IV pole and wanted to walk around the unit. The nurse for this patient quickly helped them back into

*End-of- Program Student Learning Outcomes

their room and it did not seem like the patient was supposed to be without assistance with ambulation. If the patient would have fallen due to not turning on the bed alarm and taking precaution the nurse may have been seen being negligent to the patient and failing to protect them. Josh, this is a great point. I know sometimes everyone gets busy, but that is when things are missed and people become negligent instead of just taking your time. It only takes a few minutes to educate your patient on why they are going to be on fall precautions, and it doesn't mean they can't get up, they just did someone with them when they ambulate. CB

Week 5: An ethical issue that I could have potentially seen during my clinical at digestive health would be that of informed consent. Prior to administering any IV to a patient we always made sure to inform the patient who were and what we would like to do which is allow me to practice giving them an IV for their procedure being done that day. This is a crucial step when coming into contact with any patient because one needs to make sure that the patient is aware of the care that is being given to them regardless of who is doing it. Regardless of wanting to practice an IV the patient has the ultimate choice to decide if they allowed me to place an IV so this can also tie in with autonomy. This is a perfect example of a potential ethical issue during the Digestive Health clinical. AR

Week 6: An ethical issue that I saw that could have potentially been a problem in cardiac diagnostics was that of negligence. When in cardiac diagnostic I got to follow with the pacemaker clinic nurse and this nurse went up to 4P to educate a patient on a home monitoring device and how to use the machine. If the pacemaker clinic nurse would not have went up and told this important information to the patient some problems could have arose with the patient possibly not been able to detect any abnormalities within the first couple weeks of the patient being on the pacemaker which she said is very important timeline to watch out for if there was something to be messed up. Negligence with failure to educate could have happened because it would be lacking responsibility and doing the duty of someone with the same job would have done but luckily no issues like this were seen but is a potential. Very good example. Firelands is lucky to have pacemaker clinical nurses who are available to provide services as needed. AR

Week 7: A potential legal issue that I could have seen arise from this week in the infusion center would be in regards to Patient confidentiality and privacy. I think it is because of the lay out of the infusion center but I could see the potential errors when In comes to patient confidentiality such as starting an IV on someone and running their medications sometimes the curtain were not closed all the way or closed at all when starting a medication. An issue can arise would be if someone is also scheduled for an infusion and knows the patient, they could potentially see what's running and assume what the patient is in there for. I believe just taking extra precaution and ensuring patient privacy and closing the curtain at all times can prevent this from happening. I agree. In an area like this extra care must be taken to assure privacy is being enforced. AR

Week 9: I feel that in a medical surgical unit their may be issues with the ethical issue of justice. The reason I say this is because often times just how I experienced it this past week in med surg there could be a variety of patient's with different diagnosis from each other and some require for the nurse to be attentive than other patient's. Ultimately the nurse is trying their best to try to get to every patient and deliver equalized care but there may be a patient that just isn't aware that there are other patient's the nurse is taking care of and just focusing on one is taking time for the other patient's from having care delivered by the nurse making it unfair. You as the RN need to be able to prioritize without jeopardizing the care of any of your assigned patients. There are going to be patients that require more care than others. The RN must use clinical judgment and make a lot of decisions during the day. Most patients understand that they are not the only patient. FB

Week 10: A potential legal issue that I seen that could have arose was a medication error. A way that I seen the potential for this was when the RN and I pulled a patients antibiotic but noticed it wasn't due just yet so we went to pass other medications to the next patients on their assignment but placed this medication in their pocket and I seen a potential issue for this because of the risk of accidentally dropping this medication or forgetting it is on them and leaving the shift and now they are walking around with a medication that is not prescribed to them. The RN has the potential to commit a crime without the intentions of doing so I believe this medication

should have been returned until it was time to administer. **Great example, this is a great example of how a medication error can occur. You are correct the medication should have been returned or placed in a locked drawer in the correct patient's room. FB**

Week 11: A potential ethical issue that I had seen this week while I was on 3T that could have aroused would be non-maleficence. There was a couple of patients this week that needed tele sitters but still are very high-risk patients and prone to falls. The bed alarms had rung frequently during the shift and there wasn't a sense of urgency to answer the bed alarms which could have led to an injury and further deteriorated their condition. Patient safety is a very high priority in the inpatient setting and could lead to reimbursement issues to the hospital as well. **Great example, these safety precautions are put into place for a good reason, but if there is no follow through the safety precautions are useless. FB**

Week 12: A potential legal issue that I was able to observe during my quality management clinical was through improper documentation. The quality management personnel brought up many good points and real life situations that they have seen when reviewing patient's charts and making sure adequate documentation was done. It was brought up that there is times when a MET or a Code blue has to be called in and with that there needs to be very thorough documentation or else there is no proof that any of this was done. There has been situations when there is gaps in charting and it shows what happened during the actual code but not anything leading up to that such as assessments throughout the day. This can be seen as negligence and the nurse not being able to recognize any changes in the patient's condition so in a court of law this can be very costly to the nurse. **Very good example of what you learned while in the Quality Department. Accurate, complete and timely documentation is vital. AR**

Week 13: A potential legal issue that may come up during the Patient advocate role would have to be the unauthorized practice of medicine. I listened to the stories that the patient advocate had shared with me and she mentioned that there was a certain situation where she had to explain to a patient that they could not get pain medications due to their blood pressure. I believe that this can be a tricky situation where the patient advocate doesn't have this extensive medical background so this could end up coming back on them when it comes to the patient saying who told them they could not get pain medications. I believe something that is not intentionally a bad thing may be taken as one. We learned that there is certain roles that cannot be done that the RN has to do and one of them is to teach. **I agree that this could potentially lead to a legal issue. I am curious if the Patient Advocate you were with was a RN or not? That would also make a difference. AR**
(4c)- You have received an unsatisfactory for this competency due to submitting your tool late. Please address this "U" by following the instructions at the beginning of this tool. When you have done that please give yourself a satisfactory evaluation for Week 14. AR

Week 14: For the following week upon submitting my final clinical evaluation tool I am going to triple check that my submission has went through in my drop box before the submission date. I marked this on my calendar and placed a reminder on my phone to make sure that a late submission does not happen again. **Thank you for addressing the unsatisfactory and making a solid plan. AR**

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

Comments:

Week 2- 5b- You were able to observe several bedside procedures this week, including a trach replacement, placement of an arterial line, and an apnea test. 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 3- 5b- You were able to accompany your patient during her surgical procedure and also observe her dialysis treatment. 5c- Through your CDG, you did a nice job discussing actions you took to help create a culture of safety for your patient. BS

Week 4(5b,d) Josh, you do an excellent job working independently and taking initiative in completing nursing interventions for your patient. Great job using standard precautions while caring for your patients this week! CB

Week 9 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas, except satisfactory in manager of care: delegation. Student goals: “Time management on charting.” No additional Preceptor comments. JF/FB

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/18/2025– Excellent in all areas. Student goals: “Separate my patient care equally so all patients get the same amount of time.” Additional Preceptor comments: “Very attentive to patients needs extremely helpful to me and the floor in general!” QH/FB Reported on by

*End-of- Program Student Learning Outcomes

assigned RN during clinical rotation 3/19/2025- Excellent in all areas. Student goals: “I will be more knowledgeable when a patient asks about their medications.” Additional preceptor comments: “Josh did great with his time management!” DS/FB

Week 11 (5a) Reported on by assigned RN during clinical rotation on 3/25/2025 –Satisfactory in all areas. Student goals: “Make a note to remember to get outputs on my patients.” Additional Preceptor comments: “Very knowledgeable professional and caring. Patients enjoyed Joshua. Explained stroke alert to his patient thoroughly. Great job.” KA/FB Reported on by assigned RN during clinical rotation on 3/26/2025 – Satisfactory in all areas, except excellent in member of profession: demonstrates professionalism in nursing.” Student goals: “Be more confident with IV’s.” Additional Preceptor comments: “Josh shows a lot of drive to be a great bedside nurse. Josh has a friendly personality and compassionate with patients. Josh is very smart, hardworking and organized. Can’t wait to see how he excels and grows in his nursing profession.” CB/FB

Week 12 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Great job. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

Comments:

Week 3- 6a/b/c- As you no doubt realized this week, teamwork, communication, and collaboration are very important while doing our jobs as nurses. Each patient situation is unique and often requires to use many of our skills at once. It's a sad situation but I'm glad you were able to have this experience. 5e- Documentation was good for the first week, and you will gain comfort with it each week. BS

Week 3- 6a/b/c- Nice job discussing your observations (and participation) about establishing collaborative partnerships and communication with patients, families, fellow students, and other health care team members in an attempt to achieve optimal patient outcomes. Nice job also of educating your patient based on her readiness to learn (which was much better on the second day when her pain was in control). BS

*End-of- Program Student Learning Outcomes

Week 4(6d,e,f): Great job giving a thorough detailed hand-off report, scoring 30/30 per the 4T hand-off report grading rubric. Please see the attached rubric below for comments. 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 6 (6c)- Continue to work hard with communication skills when dealing with patients and staff members. (6f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences. Great job. AR

Week 7 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical. Keep up the great work as you complete the semester! AR

Week 9 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 10 (6d,f)- Satisfactory completion of patient management hand off report competency rubric 30/30, reported by RN on 3/19/2025. No additional RN comments. DS/FB Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 11 (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 12 (6f)- Satisfactory CDG posting related to this weeks' observational experience. Keep up the great work as you complete your final clinical experiences next week! AR

Week 13 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job all semester! AR

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:	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	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	S	NA	NA	S	S	S	S	S	S	N/A	N/A	N/A	S
Faculty Initials	BS	BS	CB	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR

Comments:

Week 2- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 3- 7a/b- You were able to observe your patient's surgical procedure, increasing your knowledge of her disease process and the treatments that can help control her symptoms. You also found and summarized an EBP article relevant to your patient's current health crisis related to pain control. Nice job! BS

Week 4(7d) Josh, you consistently demonstrate all the qualities of "ACE." Keep up all your hard work. CB

Midterm: You have done a great job in all clinical experiences during the first half of the semester. Keep up the great work as you complete the remainder. AR

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

Week 11 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Week 12 (7a)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. AR

Final: Great job during all clinical experiences this semester! I look forward to seeing you grow and prosper as a RN! Best of luck! AR

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Joshua Hernandez		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: 1/28/2025							
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. Some suggestions that I would have also included are high fall risk, instead of altered mental status being specific and stating A&O X2, glasses, hearing aids, nectar thick pureed diet
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. You may have also considered including chronic confusion, risk for adult pressure injury, self-care deficit, decreased activity tolerance, and impaired physical mobility. 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. You listed death, which s/sx could have been unresponsive, no pulse, without respirations.
	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	Great job with all of your nursing interventions which were prioritized, including a frequency, and an appropriate rationale.
	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	Great job evaluating all highlighted data from the assessment and lab/diagnostic criteria. I agree to continue the plan of care for this patient.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • 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 care map, scoring 45/45, great job! CB**

Total Points:

45/45

Faculty/Teaching Assistant Initials:

CB

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/28/2025	Impaired Gas Exchange	S/CB	NA

2025

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

Comments:

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

Student Name: J. Hernandez	Clinical Date: Week 2
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	Total Points: 6 Comments: Nice job providing a detailed description of the pathophysiology of your patient's current diagnosis (anoxic brain injury).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> • 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 her presenting signs and symptoms.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) 0 • Rationale provided for each lab test performed (3) 1 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) 2 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 2 	Total Points: 5 Comments: Decent job here, however many labs are not provided. For example; no electrolytes, Bun and creatinine, protein, albumin, or liver enzymes-which were extremely high.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) 	Total Points: 12 Comments: All patient's relevant diagnostic tests and results included with rationales provided for each. Great job describing what a normal diagnostic test result would be for each, and how the results correlate

<ul style="list-style-type: none"> • 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) 	with the patient's current diagnosis.
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 9 Comments: You did a nice job correlating the patient's current diagnosis with all the related medications.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: 4 Comments: Nice job correlating her (limited) PMH with her current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: 6 Comments: Great job with your nursing interventions.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 6 Comments: Nice job discussing the interdisciplinary team members and the role they are taking in the care on your patient.</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>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)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p>	<p>Total Points: 58/65 Comments: Satisfactory. BS</p>

*End-of-Program Student Learning Outcomes	
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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: Joshua Hernandex **Date:** Jan. 29, 2025

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
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! You gave a detailed, thorough report on your patient. _____

Faculty Signature: Chandra Barnes, MSN, RN **Date:** Jan. 29, 2025

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

<u>Simulation Evaluation</u>								
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	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	FB	FB	FB	AR	AR
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Week 8 Simulation: See rubric below. AR

Comprehensive Simulation: See rubric below. AR

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Kailee Felder, **Joshua Hernandez**, Paige Knupke, Hannah Castro

GROUP #: 6

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **February 25, 2025 1000-1200**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices patient's heart rate is 48. Notices patient's SpO2 is decreased at 91% on RA. Noticed patient's complaints of being "sleepy" and nauseous. Noticed patient's EKG changes on the monitor.</p> <p>Notices patient's heart rate of 160. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus.</p> <p>Notices patient is unresponsive.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes performing a full head to toe assessment rather than a focused cardiovascular assessment. Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to treat patient's decreased heart rate. Interprets patient's heart rhythm initially as a 3rd degree heart block, later determined to be a 2nd degree heart block type 2. Recognizes the need for a transcutaneous pacemaker.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Prioritizes the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem dose as 25mg bolus over 15 mins, then continuous diltiazem drip at 10mg/hr. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's lung sounds as crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B 						<p>Introduces self and role, identifies the patient. Obtains vital signs (99.8-48-22-105/59 SpO2 91% on RA) and places patient on the monitor. Performs head to toe assessment. Calls healthcare provider and gives SBAR. Recommends Atropine 0.5mg to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers</p>

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> Well-Planned Intervention/ Flexibility: E A D B Being Skillful: B E A D 	<p>Atropine 1 mg IVP. Increases oxygen to 3L via nasal cannula. Reassesses patient and obtains vital signs (HR 43, b/p 87/50). Calls healthcare provider and gives update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends a dopamine gtt and transcutaneous pacing.</p> <p>Introduces self and identifies patient. Obtains vital signs (99.0-160-22-96/58 SpO2 91% on RA) and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls healthcare provider and gives SBAR, recommends a calcium channel blocker (diltiazem). Communicates well and educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs (HR 163, b/p 88/51. Calls healthcare provider and provides update, recommends a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient and stops IV fluid bolus due to assessment findings (cough, SOB, crackles). Calls healthcare provider and gives update. Recommends cardioversion.</p> <p>Introduces self and attempts to identify patient. Calls a code blue. Begins CPR and bagging after a delay. Administers epinephrine 1 mg IVP. Delay in applying fast patches and defibrillating.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication!</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the</p>

*End-of- Program Student Learning Outcomes

<p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and 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)* 	<p>patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>Satisfactory completion of the simulation scenario. Great job!</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Molly Plas, Tylie Dauch, Katie Shirley, Lindsey Steele, Kennedy Baker, **Josh Hernandez**, Savannah Willis, Kailee Felder, Hannah Castro, Ava Lawson

GROUP #: 1

SCENARIO: **Comprehensive Simulation**

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,7)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Recognized all signs and symptoms associated with patient’s diagnosis of hypovolemic shock upon arrival (ex. abdominal pain, vomiting, vital signs, labs).</p> <p>Recognized abnormal assessment (respiratory and neurological) and diagnostic (lab, Xray, ABG) findings related to acute respiratory distress.</p> <p>Recognized abnormal ECG, abnormal troponin level, and patient reporting chest pain/pressure. Recognized the need to select equipment based off ECG interpretation.</p>
<p>INTERPRETING: (1,2,6)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Accurately interprets abnormal assessment findings (abdominal pain/tenderness, vomiting, tachycardia, hypotension, low hemoglobin) for patient with hypovolemic shock.</p> <p>Excellent job prioritizing appropriate data to include in communication using the SBAR format during care of patient with hypovolemic shock.</p> <p>Appropriate interpretation of abnormal assessment and diagnostic findings for the patient with acute respiratory distress.</p> <p>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.</p>

*End-of- Program Student Learning Outcomes

<p>RESPONDING: (2,3,6,7)*</p> <ul style="list-style-type: none"> • 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 <li style="padding-left: 20px;">B 	<p>Appropriate medications were chosen to treat patient with hypovolemic shock (0.9% NaCl, PRBCs). Discussed use of norepinephrine for hypotension related to blood loss.</p> <p>Demonstrated clear communication providing patient education related to blood transfusion.</p> <p>Provided appropriate interventions based on assessment findings for patient with hypovolemic shock.</p> <p>Prioritized and initiated pertinent nursing interventions for the patient with acute respiratory distress.</p> <p>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.</p> <p>Maintained confidence while delivering appropriate care throughout three separate, emergency patient scenarios.</p> <p>Active engagement throughout patient scenarios.</p>
<p>REFLECTING: (5,7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Able to identify new knowledge obtained throughout the simulation and how to apply to future patient care scenarios.</p> <p>Asked appropriate questions to gain understanding of information provided.</p> <p>Appropriate use of assessment findings using a clinical decision-making process to prioritize patient care.</p> <p>Communicated in a clear, concise, and effective manner. Able to identify barriers to communication and managing these barriers effectively.</p> <p>Provided appropriate delegation insight based on each scenario. Recognized areas of improvement and strengths for prioritization, delegation, and communication during the various simulation scenarios.</p>

*End-of- Program Student Learning Outcomes

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Overall excellent performance during the comprehensive simulation on patient’s experiencing a Shock, ARDS, and a MI.</p>
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Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

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

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

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

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

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

N/A

Student eSignature & Date:

Joshua Hernandez 04/22/2025

ar 11/15/2024

*End-of- Program Student Learning Outcomes