

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	NA	NA	NA												
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	NA	NA	NA												
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	NA												
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	S	NA	S	NA												
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	NA	NA	NA												
e. Administer medications observing the seven rights of medication administration. (Responding)	S	S	S	S	NA	NA												
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	S	S	NA	NA												
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA												
Faculty Initials	FB	FB	FB	AR	AR													
Clinical Location	4N	3T	3T	Digestive Health	Patient Advocate/Discharge Planning	No clinical												

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

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

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

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

Week 6 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas."
Great job. 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	NA	NA	NA												
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)																		
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA												
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA												
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	NA	NA	NA												
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	NA	NA	NA												
Faculty Initials	FB	FB	FB	AR	AR													

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

Comments:

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

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient’s disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

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

Comments:

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

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

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

Week 6 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. Keep up the good work. 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	NA												
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)																		
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	S	NA												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	NA												
Faculty Initials	FB	FB	FB	AR	AR													

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

Comments:

4a (week 2): The report I received on my patient was not thorough and the nurse did not know which toes on the patient were previously amputated. This was important because the patient was admitted for a foot ulcer, osteomyelitis, and cellulitis and was potentially going to surgery for further amputation. This is an issue because if the nurse performed a complete and thorough assessment on the patient's feet, they would have had this information. It is important with this patient to continue to monitor their signs of infection as they could become septic. This patient had already developed afib with RVR as a result of their foot ulceration, pain, and infection and was undergoing further observation before undergoing surgery to remove the infected bone.

Week 2 (4a)- The assessment of a patient is the most important tool that the RN implements. The assessment provides invaluable information and prevent further complications. The assessment must be thorough to ensure positive patient outcomes. There are many healthcare disciplines that depend on the assessment that is documented and if it is not documented correctly it can be detrimental to the patient. If a bad outcome for the patient occurs and documentation is presented in court that is not accurate your license that you worked so hard for could be in jeopardy. Make sure to always complete your own assessment and document what you gather in that assessment. FB

4a (week 3): There was a patient's wife who would call the nurse and myself in the patient's room to talk about small details at length frequently. This wife was a great advocate for the patient, and it is important to address concerns and questions appropriately in a timely manner. However, continued lengthy discussions with the wife throughout the day began to cause issues with time management. This could have put care for other patients at risk if time management became an issue. It is important to set boundaries to ensure that all patients continue to receive care in a timely manner. Hannah, it is often difficult to handle situations when one patient or their family members monopolize the time of the nursing staff. It is important to address needs of all patients. You will need to be patient, prioritize, listen, be polite, and set boundaries. Great job realizing the importance of time management and setting boundaries. FB

4a (week 4): One of the patient's I was providing care for had severe PVD. His pedal pulses were absent with the use of a doppler and his popliteal pulses were weak. The patient was told that he would need an above the knee amputation. He continuously asked what would happen if he kept his legs, continued to ask family members'

*End-of- Program Student Learning Outcomes

opinions on his situation, and seemed to be in denial that he needed an amputation. The doctor decided to attempt vein mapping to see if the leg could be saved but was not confident that it would work. It is important to consider patient wishes realistically when providing care and deciding on treatment plans. The doctor was respecting the patient's wishes to attempt to keep his legs by attempting vein mapping, even though the doctor knows there is a good chance it will not work. **Ultimately, it is the patient's decision and it can get difficult when they do not want to accept the diagnose. With the lose of a limb the stages of grief can set in and denial is one of those stages. Education and doing all that we have available to us is the best option. Sometimes patients and families do not agree with the plan of care decided by the physician and they have the right to seek out a second opinion. FB**

4a (week 5): During the IV start clinical, one of the patients said that the veins in her hands may look good but they normally collapse and that it was best to attempt to use the vein in her wrist. It is important to listen to the patient's suggestions and wishes because they know their body best. This may prevent unnecessary venipuncture attempts and unnecessary pain and bruising for the patient. **Great example. Many patients know what works best for their bodies and it is important to listen to them (within reason of course). I could see both ethical and legal implications for this example. AR**

4a (week 6): During the patient advocate clinical, one of the patient's was very distressed. He stated that a financial aid person came to talk to him about his income, assets, etc. He said that she essentially interrogated him and got in his face with the questions and did not have a polite tone or demeanor. The patient was there for a GI bleed and was waiting to be transported to the Cleveland Clinic for tertiary care. The patient stated after the encounter with the financial aid person, he just "wants to go home and die". The patient had suffered a heart attack three weeks prior and had left AMA following the heart attack due to a similar encounter with the same financial aid person. This situation had several legal and ethical issues. The patient advocate and the nurse both said that the financial aid person would not be allowed back in the patient's room, he would not be asked about his financial aid situation during his stay, and that the director of the financial aid person would be notified of the incident. **This is quite an unfortunate incident. It sounds as if the nurse and patient advocate did a great job taking care of it. Thank you for sharing. 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	U	S	NA												
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	U	S	NA												
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	U	S	NA												
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	U	S	NA												
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	U	S	NA												
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	U	S	NA												
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	U	S	NA												
Faculty Initials	FB	FB	FB	AR	AR													

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/14/2025– Excellent in all areas. Student goals: More practice/experience in being able to determine possible complications of disease processes/procedures to be better prepared to respond to patient changes. Additional Preceptor comments: “Did a great job today. Did a lot of IV skills. Will be a GREAT RN! KS/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/21/2025– Excellent in all areas. Student goals: “be able to interpret lab values and connect abnormals to patient diagnosis. Understand S/S to watch for r/t lab values.” Additional Preceptor comments: “Great job! Excellent time management. TS/FB Reported on by assigned RN during clinical rotation 1/22/2025- Excellent in all areas. Student goals: “Continue to seek new learning opportunities in patient care- IV insertion, and gain more confidence in patient care- NG tube/foley.” Additional preceptor comments: “ Stayed on task with 3 patients today. Great job demonstrating nursing skills. Assisted with NG tube care/ instillation of fluids. Great job!” CA/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/28/2025 –Satisfactory in all areas, except excellent in manager of care: communication skills. Student goals: “Gain confidence in IV starts.” Additional Preceptor comments: “Hannah did great. I recommend more thorough assessments throughout shift (i.e. more thorough documentation). Communication was great. Effectively communicated patient’s needs.” CK/FB Reported on by assigned RN during clinical rotation on 1/29/2025 – Satisfactory in all areas, except excellent in manager of care: communication skills, needs improvement for delegation.” Student goals: “Improve on delegation, to allow more time for nursing tasks.” Additional Preceptor comments: “Hannah can work on delegating tasks to other team members. She is very hands on

*End-of- Program Student Learning Outcomes

with her patients. Delegation will help with allowing her to improve time management and allow for more chart review. Hannah assisted with an enema and IM injection today. She demonstrated great competence.” CK/FB

Week 5- Unfortunately you have received unsatisfactory for all Objective 5 competencies, due to failing to self-evaluate. For your Week 6 tool, be sure to follow the directions on pages 1-2 of this document to adequately address the “U’s”. AR

Week 6 (5a-f) Re-evaluation – I received U’s in these areas of the clinical tool because I failed to self-evaluate. These areas are no longer U’s because I have successfully self-evaluated these areas for week 5 during week 6. Hannah, I changed the Week 5 S’s you gave yourself back to the U’s you received last week. We can’t go back and take the previous evaluations away. To correctly address the U’s, you need to state how you will prevent this from happening in the future. You didn’t really address that here, however, you did address why you got the U’s so I am okay with you giving yourself satisfactory for Week 6. Please let me know if you have any questions. AR

Week 6 (5a-f) Re-evaluation #2 – I continue to receive an unsatisfactory because I did not identify a way to prevent myself from failing to self-evaluate in the future. I will make sure I check over my clinical tool twice before submitting it to ensure that I have addressed all areas of the clinical tool. In week 6, I would rate myself as satisfactory in areas a-f.

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	NA												
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	NA	NA	NA												
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	S	NA												
d. Deliver effective and concise hand-off reports. (Responding) *	S	S	S	NA	NA	NA												
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA												
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	S	NA												
Faculty Initials	FB	FB	FB	AR	AR													

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

Comments:

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: “Outstanding job! Very helpful” KS/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB
 Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

*End-of- Program Student Learning Outcomes

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 3 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
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)		
	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. 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)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	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		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

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		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	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		

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:

Total Points:

Faculty/Teaching Assistant Initials:

Care Map Evaluation Tool**
AMSN
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** 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:

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <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) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: Comments:</p>
<p>6. Correlate the patient's current diagnosis with all related</p>	<p>Total Points:</p>

<p>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>Comments:</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: Comments:</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: Comments:</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: Comments:</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>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: Comments:</p>

Firelands Regional Medical Center School of Nursing

AMSN –4 Tower - Hand-Off Report Competency Rubric

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

Student Name: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
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.	
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.	
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	
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.	
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.	
Communication Prioritization (1,4,5,6)*	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	

*End-of- Program Student Learning Outcomes

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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

<u>Simulation Evaluation</u> 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							
Faculty Initials	AR							
Remediation: Date/Evaluation/ Initials	NA							

* Course Objectives

Comments:

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	FB	BS	CB	AR	FB/CB/BS	AR	CB	BS/DW	BS	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

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

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

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

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

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

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

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

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

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

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

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

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

Student eSignature & Date:

ar 11/15/2024