

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

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

**Student:** Presley T Stang

**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)
1/10/2025	4	4 hours missed lab (Friday’s lab)	1/16/2025
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Objective

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

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

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. 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 (1b,c)- Satisfactory during Infusion Center clinical experience and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Student was very engaging, willing to try new skills and communicated well with patients.” Great job! Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’ and ‘demonstrates professionalism in nursing’ . Satisfactory in all other areas. Very busy day, IV starts/lab draws; watch thoracentesis, set-up sterile tray, watched MRI, CT Scan, Fistulogram, and Lumbar Puncture.” Great job with both clinical experiences this week! 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
<b>Competencies:</b>	S	S	S	S	NA													
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	S	NA													
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S	NA													
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S	NA													
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	S	NA													
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	NA													
<b>Faculty Initials</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>AR</b>	<b>AR</b>													

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

**Comments:**

Week 2- 2a- You did a nice job describing your patient for the week, including past medical history as well as the problem(s) that brought him into the hospital. As you mentioned, given his existing PMH, which would make it difficult to breathe in the first place, but when you add current illness into the mix, it’s no wonder he’s currently in the shape he is. BS

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 complete your Care Map CDG this week. 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

\*End-of- Program Student Learning Outcomes

Week 4(2a-d) 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, see grading rubric below. Good job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

**Objective**

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

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

**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. Competency 3e was changed to a “NA” due to it correlating with patient management clinicals. CB

Week 5 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical. Keep up the great work. AR

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

**Objective**

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

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

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

**Comments:**

Week 2: An ethical issue observed in the clinical setting was my patient’s code status. On admission, he was a DNR and then his code status changed to a full code. His aunt is his caregiver and POA. This is an ethical principle of patient autonomy which allows the patient to dictate their care.

Week 2- 3a- Yes, this is a good example, Presley. This is why it is so important to choose someone (for your POA) who will be strong enough to actually carry out your wishes, which is very difficult for some to do. BS

Week 3: An ethical issue observed in the clinical setting was my patient’s freedom to make her own choices and be autonomous. The doctor put an order in for a follow-up CT scan and MRI the day I took care of her, but she refused to have these done. Patient stated she did not fall and hit her head, so she felt these scans were unnecessary. The healthcare team respected the patient’s rights and did not perform these scans.

Week 3- 4a- Great example, Presley, and good for her! I agree that she did not need these tests, given her lack of symptoms and her general condition. BS

c. I rated myself a U because I discarded my patient’s insulin pen in the sharps container. This was not exhibiting responsibility. It was my first time ever giving insulin in the clinical setting and after administering it I was like it has a needle I will just discard it in the sharps container not thinking anything of it. I am very ashamed of myself because I am aware that insulin is very expensive, but I am accountable for my action and learned from my mistake and therefore will not let this happen again. Now I know that insulin pens are reusable and just the needle goes in the sharp’s container. Way to take responsibility, Presley. I changed this to NI because you were unaware that these are multiple use pens and are to be reused. These pens are expensive, but it was an innocent mistake and I think an NI is more appropriate. Way to learn from the situation. BS

Week 4: An example of an ethical issue in healthcare is patient confidentiality. A patient's medical information is private and safeguarded by HIPAA. All members of the healthcare team are responsible for upholding this right and ensuring that identifiable patient information is not shared with unauthorized individuals. Presley, patient

\*End-of- Program Student Learning Outcomes

confidentiality is a huge responsibility by everyone. I am not sure of the exact situation you are talking about, but I am glad that you realize this is something to take very seriously. CB

Week 5: An example of an ethical issue observed in the special procedures clinical experience was informed consent. I observed the nurse obtain informed consent for the patient who was scheduled for a lumbar puncture procedure. It is important to educate the patient about the procedure being performed along with the risks and benefits. Once the information has been provided the patient will sign the consent form indicating their understanding and agreement to the procedure. **This is a perfect example and very fitting for Special Procedures. AR**

Week 6: A relevant legal issue related to quality assurance/core measures in healthcare is medical malpractice. This happens when a healthcare provider fails to deliver the standard of care expected and recommended for patients, potentially causing harm or, in severe cases, death. In such instances, the core measures department plays a crucial role in ensuring compliance with these standards to prevent such outcomes. **Great example and explanation of what can happen if the standards of care and quality initiatives are not followed. AR**

<b>Objective</b>																		
5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	S	S													
a. Reflect on your overall performance in the clinical area for the week. <b>(Responding)</b>																		
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	S	S	S	S													
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.) <b>(Interpreting)</b>	S	S	S	S	S													
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	S	S	S	NA													
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	S	S	S	S													
f. Utilize faculty feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	S	S	S	S													
<b>Faculty Initials</b>	<b>BS</b>	<b>BS</b>	<b>CB</b>	<b>AR</b>	<b>AR</b>													

**Comments:**

Week 2- 5b- You were able to observe a trach replacement and also placement of an arterial line this week in clinical. 5c/e- During debriefing you did a nice job describing factors that create a culture of safety and discussing the use of EBP tools that can help support safety and quality. You also chose a very pertinent EBP article to discuss in relation to your patient this week. BS

Week 3- 5a- Good overall performance in the clinical setting this week. You made improvements with charting this week, and this will improve even more in the coming weeks. BS

Week 4(5b,d) Presley, 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 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

**Objective**

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

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

**\*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 us to use many of our skills at once. It's an unfortunate 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. 4d- Successful completion of your hand-off report this week- Nice job! BS

Week 4(6d,e,f): Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 5 (6c,f)- Satisfactory CDG postings related to your Special Procedures and Infusion Center clinical experiences this week. Keep up the great work. AR

\*End-of- Program Student Learning Outcomes

Week 6 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Keep up the good work. AR  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

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

**Comments:**

Week 2- 7b- You did a nice job summarizing an EBP article addressing the priority problem of your patient this week. 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Week 3- 7d- Nice job displaying an ACE attitude while on the clinical floor. BS

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

Week 6 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

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
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Great job noticing all abnormal assessment and lab/diagnostic testing for your patient. You provided specific patient data related to these findings. You also included all risk factors relevant for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing all nursing priority problems related to your patient! You highlighted appropriate abnormal findings and risk factors. You listed potential complications related to your priority problem and s/sx to go along with them.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with specific, prioritized, individualized interventions for your patient that included a frequency and 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	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

\*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	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Good job reflecting on all of the highlighted findings in the first two boxes of the care map. You also included to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	

### Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

**\*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

**Faculty/Teaching Assistant Comments: You did a great job on your Care Map, Presley! BS**

**Total Points: 30/30 Satisfactory. BS**

**Faculty/Teaching Assistant Initials: BS**

Care Map Evaluation Tool\*\*  
AMSN  
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/23/2025	Hypothermia	Satisfactory. BS.	NA

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

Comments:

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

<b>Student Name: Presley Stang</b>		<b>Clinical Date: 1/28/2025</b>	
<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (2) 2</li> <li>• Past Medical History (2) 2</li> </ul>		<b>Total Points: 4</b> <b>Comments: Great job discussing your patient's current diagnosis and past medical history.</b>	
<b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6) 6</li> </ul>		<b>Total Points: 6</b> <b>Comments: Excellent job! Pathophysiology is detailed and accurate.</b>	
<b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2) 2</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) 2</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 2</li> </ul>		<b>Total Points: 6</b> <b>Comments: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.</b>	
<b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3) 3</li> <li>• Rationale provided for each lab test performed (3) 3</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) 3</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 3</li> </ul>		<b>Total Points: 12</b> <b>Comments: Excellent job, Presley! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.</b>	
<b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3) 3</li> <li>• Rationale provided for each diagnostic test performed (3) 3</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) 3</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>		<b>Total Points: 12</b> <b>Comments: Excellent job! All relevant diagnostic test were included with rationales. Normal findings were included and an explanation of how each test correlates to the patient's diagnosis.</b>	

3	
<p><b>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</b></p> <ul style="list-style-type: none"> <li>All related medications included (3) 3</li> <li>Rationale provided for the use of each medication (3) 3</li> <li>Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 3</li> </ul>	<p><b>Total Points: 9</b>  <b>Comments: Great job including all medications, all information is detailed and accurate.</b></p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>All pertinent past medical history included (2) 2</li> <li>Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 2</li> </ul>	<p><b>Total Points: 4</b>  <b>Comments: Great job correlating the patient's past medical history with current diagnosis.</b></p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>All nursing interventions provided for patient prioritized and rationales provided (6) 6</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</b></p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>Identifies all interdisciplinary team members currently involved in the care of the patient (2) 2</li> <li>Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) 2</li> <li>Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 2</li> </ul>	<p><b>Total Points: 6</b>  <b>Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</b></p>
<p>Total possible points = 65  51-65 = Satisfactory  &lt; 51 = Unsatisfactory</p> <p><b>Course Objective:</b> 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p><b>Total Points: 65/65</b>  <b>Comments: Excellent job, Presley! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</b></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: P. Stang Date: 1/15/2025

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

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

	<b>Meets Expectations 5</b>	<b>Needs Improvement 3</b>	<b>Does Not Meet Expectations 0</b>	<b>POINTS</b>
<b>Introduction Safety (1,2)*</b>	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5/5
<b>Situation (3)*</b>	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	3/5
<b>Background (4)*</b>	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5/5
<b>Assessment Laboratory/Diagnostic Testing (5)*</b>	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	3/5
<b>Actions (4,5)*</b>	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	3/5
<b>Communication Prioritization (1,4,5,6)*</b>	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	3/5
			<b>TOTAL POINTS</b>	22/30 30/30

\*End-of- Program Student Learning Outcomes

**Faculty Comments:** Presley, You will have another opportunity to repeat this activity next Wednesday, 1/22/2025. BS. Remediation: 30/30- Satisfactory. Nice work, Presley. BS

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**Faculty Signature:** Brian Seitz MSN, RN, CNE **Date:** 1/17/2025 1/22/2025

Advanced Medical Surgical Nursing 2025  
Simulation Evaluations

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

\* Course Objectives

Comments:

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	Lab Skills									
	<b>Meditech Document</b> (1,2,3,4,5,6)*	<b>Physician Orders/SBAR</b> (1,2,3,4,5,6)*	<b>Prioritization/Delegation</b> (1,2,3,4,5,6)*	<b>Resuscitation</b> (1,3,6,7)*	<b>IV Start</b> (1,3,4,6)*	<b>Blood Admin./IV Pumps</b> (1,2,3,4,5,6)*	<b>Central Line/Blood Draw/Ports</b> (1,2,3,4,6)*	<b>Head to Toe Assessment</b> (1,2,6)*	<b>ECG/Hand-off report/CT</b> (1,6)*	<b>ECG Measurements</b> (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: 1/16/2025	Date: 1/13/2025	Date: 1/16/2025	Date: 1/16/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

**Comments:**

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

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

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

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

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

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

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

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

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

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

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

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

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

Student eSignature & Date:

ar 11/15/2024