

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026**

**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. Faculty and teaching assistants will complete a cumulative evaluation of each competency at the midterm and final. 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) |
|-----------|--|----------|---------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| 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 | | | | | | | | | | | | | | | | |
| a. Manage complex patient care situations with evidence of preparation and organization. (Responding) | S | S | | | | | | | | | | | | | | | | |
| b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing) | S | S | | | | | | | | | | | | | | | | |
| c. Evaluate patient's response to nursing interventions. (Reflecting) | S | S | | | | | | | | | | | | | | | | |
| d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting) | N/A | S | | | | | | | | | | | | | | | | |
| e. Administer medications observing the seven rights of medication administration. (Responding) | S | S | | | | | | | | | | | | | | | | |
| f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding) | N/A | N/A | | | | | | | | | | | | | | | | |
| g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BL | | | | | | | | | | | | | | | | | |
| Clinical Location | 4P 90 yr old Male | 4C 82 yr old female | | | | | | | | | | | | | | | | |

Comments:

Week 2-1(a-c,e,g) This week, you demonstrated clinical competence in effectively managing care for a complex patient. Your head-to-toe assessments were thorough, timely, and appropriately tailored to the patient's individual needs. Medication administration (via numerous routes) was conducted safely and accurately, adhering to all rights of medication administration. Your attentiveness in closely monitoring your patient on 4P significantly contributed to promoting positive patient outcomes. Overall, excellent work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|--|----------|---|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| Competencies: | S | S | | | | | | | | | | | | | | | | |
| a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) | S | S | | | | | | | | | | | | | | | | |
| b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding) | S | S | | | | | | | | | | | | | | | | |
| c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding) | S | S | | | | | | | | | | | | | | | | |
| d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) * | N/A S | S | | | | | | | | | | | | | | | | |
| e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding) | S | S | | | | | | | | | | | | | | | | |
| f. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BL | | | | | | | | | | | | | | | | | |

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

**Objective 2f: Provide a comment for the highlighted competency each week. If no clinical experiences, put “NA” for that week.

Comments:

Wk 2.2f. Factors associated with SDOH that have the potential to influence patient care would be the fact that the patient has a very close loving family that works in the health care field, with daughters being nurses. The patient is 90 years old and still rode a bike for 12 miles a day until this fall, on the 9th. The patient's daughters were very strong advocates for this patient. Something has influenced this patient because I do not believe I have ever heard of a 90-year-old being that active. While the patient was in the hospital, the daughters were very much on top of the patient's care to ensure there were no issues for this patient to go back to his home and still have his independence. **Great job recognizing how strong family support and health literacy serve as positive social determinants of health for this patient. These factors, along with the patient's lifelong activity level, likely contributed to his resilience, advocacy, and ability to maintain independence despite advanced age. BL**

Week 2-2(d) This competency was rated as satisfactory for this week. While a formal Care Map was not completed, you demonstrated the ability to guide patient care using an established plan of care and sound clinical judgment. **BL**

Wk 3. 2f: A factor associated with SDOH that had an influence on patient care for our patient this week was the fact that our patient was a smoker. There was no exact determination whether the patient has COPD or not due to her past of smoking, but it definitely can lead to the respiratory failure that an aging patient would have after years of being a smoker. After all, chronic/acute health issues due affect every patient differently and this could be a case where the smoking contributed to the patient's current condition.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 2-3(a,b) These competencies were rated as satisfactory for this week because you actively participated in debriefing in which the topic of communication barriers among team members, patients, and family are commonly discussed. Additionally, you contributed to meeting core measure standards related to your patient’s diagnosis of Pneumonia. 3(c) Great job this week demonstrating fiscal responsibility in your clinical practice. It’s important to make thoughtful, cost-conscious decisions that support high-quality patient care. These are essential skills as you transition into professional practice. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

| Weeks of Course: | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Make up | Mid-term | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Make up | Final |
|--|----|---|---|---|---|---|---|---------|----------|---|----|----|----|----|----|----|---------|-------|
| Competencies: | 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 | | | | | | | | | | | | | | | | |
| c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BL | | | | | | | | | | | | | | | | | |

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

Comments:

Wk.2,4a: An example of a legal or ethical issue observed in the clinical setting would be when I arrived to clinical and received the patient I was going to take care of, I was going through my charting on the patient being on fall precautions due to multiple falls at home. One of the necessary precautions that is supposed to be displayed for a patient on fall precautions is that it must be displayed outside the patient’s room on the pull out sign. I saw them pulled out on the other rooms as I walked by them. I unfortunately assumed it was pulled out on my patient’s room because I did look in the patient’s room and saw it displayed above the patient’s bed, in the bathroom, and the patient was wearing the fall precaution wrist band. When I slowed down and forced myself to pay attention, I saw that it was not displayed on the sign outside my patient’s room. I pulled out the fall precaution tab and tried to close it and it would not stay closed and kept falling. I did end up taping the sign to keep it up. Not displaying this is an ethical and a legal issue because it violates hospital protocol. This would be malpractice if for any reason the patient were to get injured because this was not displayed outside the room. Great job recognizing a safety issue that could have resulted in a legal concern had the patient experienced a fall with injury. As a nurse, it is essential to consistently follow all hospital policies and procedures. Doing so ensures the delivery of high-quality, safe patient care and helps protect the nurse from potential legal action should a sentinel event occur. BL

Week 2-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient and his family in decision-making processes. Your ability to listen empathetically, provide clear information, and respect individual values supported patient autonomy and fostered trust. Keep up the great work! BL

Wk 3, 4a: An example of a legal or ethical issue observed in the clinical setting was that an adult child of the patient not necessarily being aware of how some things may work in the medical field. Our patient’s daughter may have not been fully educated about the fact that the pulmonologist makes it a practice to educate his resident students and other, such as us nursing, students while doing procedures. Due to this fact, there was a situation that occurred where the daughter became very upset when the doctor began describing the anatomy of the patient’s lungs as he was performing the bronchoscopy. Yes, the doctor probably should have asked the daughter if it

*End-of- Program Student Learning Outcomes

was alright with her if he described the procedure as he was working on her mother, and because he did not do that the daughter felt blind-sided by the doctor doing this. It probably has never been an issue for Dr Avendano in the past. This definitely could turn into a legal or ethical issue. We just all need to be more aware and conscious of what others may feel or think about our actions.

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 | N/A | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting) | S | S | | | | | | | | | | | | | | | | |
| d. Maintain the principles of asepsis and standard/infection control precautions (Responding) | S | S | | | | | | | | | | | | | | | | |
| e. Practice use of standardized EBP tools that support safety and quality. (Responding) | S | S | | | | | | | | | | | | | | | | |
| f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. (Responding & Reflecting) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BL | | | | | | | | | | | | | | | | | |

Comments:

Week 2-5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 2-6(d) Great job receiving report from the night shift RN this week. Moving forward, focus on becoming more comfortable using a standardized report sheet instead of a blank piece of paper. Using a structured tool will help improve organization, accuracy, and efficiency in communication, which are key skills in professional

*End-of- Program Student Learning Outcomes

nursing practice. 6(e) Overall, your documentation this week was complete and accurate. As discussed in clinical, continue utilizing your resources to ensure you are documenting correctly (i.e. Meditech Guidelines, Interventions to Document sheet). Additionally, work on completing your documentation in a more timely manner so it does not fall too far behind. While patient care is always the top priority, maintaining timely documentation is also an important part of safe and effective practice. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

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 | | | | | | | | | | | | | | | | |
| a. Value the need for continuous improvement in clinical practice based on evidence. (Responding) | | | | | | | | | | | | | | | | | | |
| b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding) | S | S | | | | | | | | | | | | | | | | |
| c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding) | S | S | | | | | | | | | | | | | | | | |
| d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding) | S | S | | | | | | | | | | | | | | | | |
| Faculty Initials | BL | | | | | | | | | | | | | | | | | |

Comments:

Week 2-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Interventions to Prevent Aspiration in Older Adults with Dysphagia Living in Nursing Homes: A Scoping Review." Excellent job! 7(d) Melisa, your positive attitude, strong sense of commitment, and genuine enthusiasm for nursing were evident in every interaction with your patient this week. These qualities not only enhance patient care but also contribute meaningfully to the clinical team. Keep up all your hard work! BL

*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 | | |

| 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
2026

| 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
 2026

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 |
|------------------------------------|--|

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 | |

*End-of- Program Student Learning Outcomes

| | | | | |
|--|--|--|---------------------|--|
| | | | TOTAL POINTS | |
|--|--|--|---------------------|--|

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2026
Simulation Evaluations

| Students Name: | | | | | |
|--|--|---|-------------------|-------------------------|---|
| Performance Codes: S: Satisfactory U: Unsatisfactory | | | Evaluation | Faculty Initials | Remediation Date/Evaluation/Initials |
| Date: 2/13/2026 | vSim (Rachael Heidebrink) (Pharm) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 2/23/2026 2/24/2026 | Week 8 Simulation (*1, 2, 3, 5, 6, 7) | Scenario | | | |
| | | Survey | | | |
| Date: 2/27/2026 | vSim (Junetta Cooper) (Pharm) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 3/13/2026 | vSim (Mary Richards) (Pharm) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 3/20/2026 | vSim (Lloyd Bennett) (Med-Surg) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 3/26/2026 | vSim (Kenneth Bronson) (Med-Surg) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 4/6/2026 | vSim (Carl Shapiro) (Med-Surg) (*1, 2, 6) | Pre-Quiz, Scenario, SBAR, and Post Quiz | | | |
| Date: 4/6/2026 | Comprehensive Simulation (*1, 2, 3, 5, 6, 7) | Scenario | | | |
| | | Survey | | | |

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2026

| Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory | Lab Skills | | | | | | | | | |
|---|---------------------------|-----------------------------------|---|---------------------------|--------------------|-----------------------------------|---|----------------------------------|----------------------------------|----------------------------|
| | Meditech Document (6)* | Physician Orders/SBAR (1,5,6)* | Prioritization/Delegation (1,2,5,6)* | Resuscitation (1,5,6)* | IV Start (1,6)* | Blood Admin./IV Pumps (1,2,6)* | Central Line/Blood Draw/Ports (1,6)* | Head to Toe Assessment (1,6)* | ECG/Hand-off report/CT (1,6)* | ECG Measurements (1,6)* |
| | Date: 1/6/2026 | Date: 1/6/2026 | Date: 1/6/2026 | Date: 1/6/2026 | Date: 1/8/2026 | Date: 1/8/2026 | Date: 1/9/2026 | Date: 1/9/2026 | Date: 1/9/2026 | Date: 1/9/2026 |
| Evaluation: | U | S | S | S | S | S | S | S | S | S |
| Faculty Initials | FB | CB/BS | BL | AR | FB/CB/BS/BL | AR | CB | BS/DW | BS | AR |
| Remediation: Date/Evaluation/Initials | 1/8/2026 S FB | NA | NA | NA | NA | NA | NA | NA | NA | NA |

***Course Objectives**

Comments:

Meditech Documentation: Melisa, the first attempt in the Meditech lab was unsatisfactory related to incomplete documentation in the RN mechanical ventilation intervention. Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, vital signs, and feeding method. 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. CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You demonstrated satisfactory performance in all four lab activities, including patient prioritization, assigning tasks to the appropriate provider role (RN, LPN, and UAP), prioritizing nursing interventions, and identifying appropriate patient assignments for both the RN and LPN. You successfully prioritized care for multiple patients using established frameworks such as Maslow's hierarchy of needs, ABCs, and the nursing process. You appropriately delegated nursing tasks and actively participated in group discussions related to delegation and clinical decision-making. Great job! BL

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/BL

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

*End-of- Program Student Learning Outcomes

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

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026**

**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 12/12/2025