

**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)
Initials	Faculty Name		
<b>CB</b>	<b>Chandra Barnes, MSN, RN</b>		
<b>FB</b>	<b>Fran Brennan, MSN, RN</b>		
<b>BL</b>	<b>Brittany Lombardi, MSN, RN, CNE</b>		
<b>AR</b>	<b>Amy Rockwell, MSN, RN</b>		
<b>BS</b>	<b>Brian Seitz, MSN, RN, CNE</b>		

## 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>																		
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	NA	NA	NA	S														
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	NA	NA	NA	S														
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	NA	NA	NA	S														
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	NA	NA	S														
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	NA	NA	NA	S														
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	NA	NA	NA	NA														
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	NA	NA	NA	S														
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>															
<b>Clinical Location</b>	NA	PE QSH QA/CM	NA	3T														

Comments:

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
<b>Competencies:</b>																		
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding)</b>	NA	NA	NA	S														
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	NA	S	NA	S														
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	NA	NA	NA	S														
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding, Reflecting) *</b>	NA	NA	NA	S														
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	NA	S	NA	S														
f. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** <b>(Noticing, Interpreting, Responding, Reflecting)</b>	NA	S	NA	S														
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>															

\*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:**

Week 3: A SDOH that can contribute to a patient's healthcare and well-being is limited income. The hospital is not responsible for lost or damaged items that the patient has, but if the hospital is at fault for the situation, then she can typically get the hospital to cover costs. The patient advocate stated that a patient needed assistance paying for replacement of dentures. Since it was proven that the patient had AMS and the hospital staff was at fault, the hospital covered the patients out of pocket expenses. **Great example, and so costly to the organization. It also poses a huge burden on the patient as they have to go through the process of obtaining new dentures.**  
AR

**Week 3 (2e)- Satisfactory during your Patient Experience clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Great job. AR**

Week 5: The patient that I cared for this week is blind in his right eye. He stated that he applied for disability in the past, but he was denied. He has a fixed income and due to this he may not always seek treatment when needed. He does not have a good support system. He has a brother who is not in town, and he mentioned an "ex-girlfriend that did him wrong." The patient also has a history of depression. A lack of support from family and friends could effect his mental state and increase his depression.

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

**Comments:**

Week 3 (3b,c)- Satisfactory during your Quality Scavenger Hunt and with documentation/discussion via CDG posting. Satisfactory with Quality Assurance/Core Measures assignment and discussion via CDG posting. Keep up the good work. AR

**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>																		
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	NA	S	NA	S														
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	NA	NA	NA	S														
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	NA	S	NA	S														
<b>Faculty Initials</b>	<b>AR</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 3: During my clinical with the patient advocate, her coworker told her that when they write follow up letters to patients regarding grievances or complaints that the letters need to be written in a general format and they are not to quote specifics from directors, staff, physicians, etc. This puts liability on the hospital and staff, and a letter is being used as evidence in a lawsuit against the hospital. Also, the notaries at the hospital can sign POA and Living Will documents for patients that are not AMS and for the public, but they cannot assist by signing any financial paperwork. An example given was a family member of a patient who wanted a notary at the hospital to sign over the patient's car to them before the patient was discharged from the hospital to go to a skilled facility. The hospital notary cannot sign for anything financial because it puts the hospital at risk for liability if the patient was taken advantage of by the family member. **These are perfect examples. Legal and ethic concerns happen everywhere in healthcare so everyone needs to be diligent. AR**

Week 5: An ethical issue that I observed was when a newly admitted patient arrived with her daughter, the daughter stated the patient did not want a double room. I told her that I was not sure if there were any private rooms available, but I would check with the nurse in charge. The charge nurse came and spoke with the patient's daughter. The daughter wanted the patient to go back to the ER where it was a private room until a private room became available on 3T. The charge nurse told her that there weren't any private rooms available and people in the ER are sometime waiting for over 24 hours for a bed. He explained that the patient was admitted so she could not go to the ER to wait for another bed. He gave her the option of leaving AMA or staying in that room. There aren't many double rooms, but with HIPAA the patients' in those rooms have their privacy taken away because the other patient and visitors in the room can hear everything that is going on with the other patient.

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

**Comments:**

Week 3 (5c)- Satisfactory with Quality Assurance/Core Measures assignment and discussion via CDG posting. Great job. AR

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<b>Objective</b>																		
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>																		
a. Establish collaborative partnerships with patients, families, and coworkers. <b>(Responding)</b>	NA	NA	NA	S														
b. Teach patients and families based on readiness to learn and discharge learning needs. <b>(Interpreting &amp; Responding)</b>	NA	NA	NA	S														
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	NA	S	NA	S														
d. Deliver effective and concise hand-off reports. <b>(Responding)*</b>	NA	NA	NA	S														
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	NA	NA	NA	S														
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	NA	S	NA	S														
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>															

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

**Comments:**

Week 3 (6c,f)- Satisfactory with Patient Experience and Quality Assurance/Core Measures discussions via CDG postings. Keep it up as the semester progresses. AR

\*End-of- Program Student Learning Outcomes

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

**Comments:**

Week 3 (7a)- Satisfactory discussion via CDG posting related to your Patient Experience clinical. (7b)- Satisfactory discussion related to your Quality Assurance/Core Measures discussion posting. Great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

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)		
	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)		
<b>Interpreting</b>	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)		
<b>Responding</b>	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		
<b>Reflecting</b>	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"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	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><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (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)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>6. Correlate the patient's current diagnosis with all related</b></p>	<p><b>Total Points:</b></p>

<p><b>medications. (9 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (3)</li> <li>• Rationale provided for the use of each medication (3)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)</li> </ul>	<p><b>Comments:</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)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</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)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</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)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (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)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</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:</b> <b>Comments:</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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

<b>23-30 points = Satisfactory</b>	<b>&lt; 23 points = Unsatisfactory</b>
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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.	
<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.	
<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	
<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.	
<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.	
<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	

\*End-of- Program Student Learning Outcomes

			<b>TOTAL POINTS</b>	
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**Faculty Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Advanced Medical Surgical Nursing 2026  
Simulation Evaluations

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

\* Course Objectives

**Comments:**

Firelands Regional Medical Center School of Nursing  
Skills Lab Evaluation Tool

\*End-of- Program Student Learning Outcomes

AMSN

2026

<b>Skills Lab Competency Evaluation</b>  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:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	BS/CB	BL	AR	BS/CB/ BL/FB	AR	CB	BS/DW	BS/DW	S
<b>Remediation: Date/Evaluation/Initials</b>	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, 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

**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

**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