

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Faculty eSignature: _____

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.**

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

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

Comments:

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2- 1a-e, g- You did a nice job this week caring for your patient(s), having been prepared and organized. Assessments were thorough and well done, and documented appropriately. You administered medications appropriately while observing the seven rights of medication administration. Nice work! BS

Week 3(1a-g): Excellent job this week managing complex patient care situations. Your care was very organized, and you did a great job with your time management. Your head to toes assessments were very thorough and well done. Medication passes were safely done following all rights of medication administration. Practice was

*End-of- Program Student Learning Outcomes

gained interpreting cardiac rhythms through observation and one on one discussion. You had a successful IV start, with proper technique, good job! Great job monitoring your patient closely to ensure positive patient outcomes. CB

Week 4-1(a-e,g) This week, you demonstrated strong clinical competence in effectively managing complex patient care situations. Your approach to patient care was well-organized, and you demonstrated effective time management skills. Your head-to-toe assessments were thorough and accurate. 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

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:																		
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														
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	S														
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	S														
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	S														
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	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	S	S														
Faculty Initials	BS	CB	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:

- Week 2 (2F): A Social Determinant of Health (SDOH) that I identified with my patient this week involves her Access to Healthy Foods, being that she was in the 45-49.9 Percentile regarding her BMI. I think this not only affected her Admission Diagnoses but also play an essential part regarding her Medical History. She was a Type 1 Diabetic in combination with Acquired Hypothyroidism + Hyperlipidemia + HTN, I would say she either doesn't have the finances to invest in healthier food options and/or she blatantly disregards her current + past Medical Diagnoses. I think she would benefit from either a referral to a Nutritionist (disregarding her Dietary Position she holds at FRMC) and/or a possible Insurance Stipend geared towards a Gym Membership or Physical Therapy. **Yes, she has been a nutritionist for a very long time. BS**

Week 2- 2a-f - You were able to correlate the relationships among your patients' disease processes, history and symptoms, and present condition utilizing your clinical judgment skills, and utilize that information to satisfactorily complete your pathophysiology CDG. You also did a nice job providing a prioritized list of nursing interventions for your patient. BS

- Week 3 (2F): A Social Determinant of Health (SDOH) that I identified with my patient this week involved his Support System! Not addressing this in a negative manner but rather a positive light! Being that my patient was emergently admitted and had a rapid response from surrounding family members regarding him choking on his food, supports my take that he has a village of support regarding him and his healthcare requirements. During the admission process, he unfortunately had to be Tubed w/ an ET + OG Tube to ensure adequate Perfusion + Oxygenation. While he was admitted, he also had a good amount of his village come to visit him to ensure that his Medical Requirements were met + Comfort Care is being performed + to ultimately ensure that he heard familiar voices, so he knew that he wasn't alone. **Davondre, this is a great example of a positive SDOH. Your patient had a support system that was there to ensure that he was receiving the appropriate care based on his wishes. CB**

Week 3(2b,c,d,e): Excellent job utilizing your clinical judgement skills to formulate a prioritized plan of care for your patient this week. Please refer to the Care Map Rubric for my feedback. Great job recognizing changes in your patient this week and monitoring for risk/potential complications. CB

- Week 4 (2F): A Social Determinant of Health (SDOH) that I identified with my patient this week involved his access to care despite him living within a skilled nursing facility that I'm aware of. Being that he was admitted to the ED for Shortness of Breath (SOB) + Altered Level of Consciousness (LOC), I find it weird that he wasn't assessed/had access to what I would assume would be standardized healthcare at said facility, it seems as if he was immediately sent to the ED and there were no attempts to resolve or address his signs and symptoms in house. Not this is a bad thing because I don't think they could've been much help regarding his CHF w/ Bi-lateral Pleural Effusions + C. Diff diagnoses but still, if a skilled nursing facility is unable to identify and/or resolve the residence issues, then what is the point of living in one? But also, maybe they identified that these signs and symptoms were out of the norm and this was them taking initiative on identifying the problem at hand. **Great example, Davondre. Although it may seem as if patients living in skilled nursing facilities would have better access to healthcare services, this is not always the case. While care is available on-site, access to specialized providers, diagnostic services, or timely follow-up can be delayed due to staffing limitations, provider availability, and the need for external referrals. Also, residents often have limited autonomy and transportation options, making it difficult to attend off-site appointments unless the situation is emergent. BL**
- Week 5 (2F): A Social Determinant of Health (SDOH) that I identified with of my patient this week involved the patient's access to support systems. On W2, a patient was in for his routine fluid infusion and expressed on how he's been feeling extremely weak + unstable in regard to when he is performing his ADLs. He stated that when he was walking from his car to a store that he felt as if he was going to fall + pass out. When the nurse told him he should bring someone with him while running errands + performing strenuous ADLs, he stated that he had no one (i.e., family, friends, etc.). This raised concerns for me being that he kept reiterating the issue and also had an Implanted Port, so his health issues I'd assume require closer monitorization + maintenance. When he discharged, I asked the nurse if he could resolve some of his fluid + hydration issues at home so that he wouldn't require his 1x/Week visits, and she stated that he could, but she is under the impression that he comes in because he requires not only fluids but that social + nurturing aspect from someone in person being that he has "no one." I don't know, it made me feel sad for him but also raised a red flag by making me consider he was milking his medical needs to obtain companionship with the nurses.

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

Comments:

Week 2- 3c- You did a good job remembering to scan your flushes when administering medications. BS

Week 3(3a-d): Satisfactory completion of the Quality Assurance/Core Measures cdg and activity. CB

Week 4-3(c) Excellent work 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

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:																		
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	S														
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S														
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	NI														
Faculty Initials	BS	CB	BL															

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

Comments:

- Week 2 (4A): An ethical issue I observed this week on 4C would be Leah and I's Initial Patient Assignment, non-verbally expressed her concern in regard to having nursing students assigned to care for her. Being that patients have the Right to Refuse + Right to Request a Different Nurse Assignment, her concerns were prioritized and Leah and I received a different patient assignment. This however, left Leah questioning her nursing capabilities and taking the reassignment personally. I, on the other hand, really didn't have a reaction to the reassignment but reassured Leah that the reassignment wasn't due to her "incompetency" but rather that the patient was experiencing an overwhelming amount of Anxiety, Confusion, and Stress due to her last memory being her walking with a friend to waking up in a hospital tubed. **Great example, Davondre. Also, great response. When someone is feeling like that some positive words of encouragement can go a long way. Nice job! BS**
- Week 3 (4A): An ethical issue I observed this week on 4C would be the Pt that was next to mine in 4009. I'm not fully aware of what the pt was admitted for, however, I did witness him being restrained to his bed while actively receiving some sort of O2 Therapy via Bi-PAP. In lecture, we were informed that you do not apply a Bi-PAP to a pt that has Altered LOC + Unable to Remove Mask. Another ethical issue that I witnessed while on 4C was a Physician aggressively + loudly talking to a pt regarding the pt wanting to be Discharged AMA. I understand that the pt was combative + disgusting towards his Care Team, however, I believe that he got to that point because his requests to be discharged were being re-routed by his Care Team with Education Re-Enforcement Pivots to deter him from ultimately using his Autonomy to Discharge AMA... **Davondre, you have some great examples of ethical and legal issues that you observed during your clinical time. We discussed both of these situations and witnessing something like this only brings you more awareness of how you want to treat patients and follow the best evidence-based practice. CB**

- Week 4 (4A): An ethical issue I observed this week on 4P would be Leah's assigned patient. I'm not too aware of all the details, however, when we were doing our physical reassessment prior to leaving the floor, Leah and Brittany were unable to find her patient's R Dorsalis Pedal Pulse with Palpation + Doppler. While listening to Leah and Brittany, discuss this matter, Brittany brought up how it was consistently documented in the EMR that her patient pulse were present with a Doppler but there was no ultrasound gel present in the room. This just made me realize that even seasoned nurses will sometimes cut corners and mimic previously documented assessments on their patients. Davondre, it is unfortunate that the patient experienced a complication; however, there were many important learning opportunities in this situation. As you mentioned, it is essential for nurses to complete thorough, detailed, and accurate assessments. Documenting information that was not actually assessed constitutes falsification of the medical record and can place the patient at risk for poor outcomes or inappropriate treatment decisions. As discussed in clinical, a patient's condition can change rapidly, and strong assessment skills are critical for recognizing changes promptly and taking appropriate, timely action. BL
- Week 5 (4A): An ethical issue I observed this week on W2 would be Duty to Care v. Staff Safety + Maintaining Professionalism. There was a man who came in for a routine Foot Wound/Amputation Cleaning r/t Diabetes Mellitus, who had an extremely loud personality, which I am completely for by all means being that I too have a very loud + in your face personality. However, his personality seemed to have this weird womanizing + misogynistic undertone. Being that the unit is worked + ran by predominantly women, I decided to tag along with his assigned nurse while she addressed his health problems at hand because not only was his condition a new learning experience for me, but he's known to have this very Assertive/Men>Women Complex. The overall interaction went well and when he was discharged the ladies on the unit expressed that he wasn't his typical misogynist self, due to me being present, which made me feel good that I was somewhat of a protective layer for the girls + that they were able to do their jobs adequately + professionally without the fear of verbal/physical harassment. Personally, I think he picked up that my loud personality includes primary tones of pro-feminism + decentering men, but I guess we will truly never know his inner thought process regarding our interaction.
- Week 5 (4C): Why I documented this as "NI" is because I unfortunately forgot to remove my jewelry prior to going to my clinicals. So, this is me taking accountability regarding so because it does not achieve the Satisfactory + Expected expectations for FRMCSON's Students. Moving forward, I will ensure to remove my excess jewelry prior to my clinical experiences by setting a reminder the morning of + ensuring that I am up at a decent time, so that I am not rushing to get to my clinicals in a timely manner, which ultimately results in me forgetting to remove my jewelry in the car prior to walking into the facility.

Week 4-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient in decision-making processes. BL

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:																		
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S														
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S														
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S														
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S														
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	S														

*End-of- Program Student Learning Outcomes

f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S														
Faculty Initials	BS	CB	BL															

Comments:

Week 2- 5a,b,d- Great performance in the clinical setting this week, both with patient care and documentation. Hand hygiene observed at all times when entering and exiting patient rooms. BS

Week 3(5b,c,f): Excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and well prepared. You took excellent care of your patient this week. You were able to take my feedback about documentation and improve on it throughout the day, great job! CB

Week 4-5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

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:																		
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	S														
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	S														
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S														
d. Deliver effective and concise hand-off reports. (Responding) *	NA	NA S	S	NA														

*End-of- Program Student Learning Outcomes

e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	S														
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S NI	S														
Faculty Initials	BS	CB	BL															

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

Comments:

Week 2- 6a-c, e,f- You did a good job interacting with patients and other members of the healthcare team. This is an important skill in healthcare. You also did a great job documenting interventions and medication administration. Nice work! BS

Week 3(6a,c,d,e,f): Great job this week collaborating with peers and members of the healthcare team, communicating needs to provide patient centered care. Competency 6d was changed to a “S” because although you did not give hand-off report in debriefing, you provided hand-off to the bedside RN before leaving for the days of clinical this week. Remember when documenting, you need to document what you assessed by not using the recall button bringing all the information over that has been previously document that is not accurate for what is happening at the time you were there. We discussed the importance of correct documentation and slowing down when completing documentation, with improvement throughout the day. Satisfactory completion of your cdgs this week, per the cdg grading rubric. CB

Week 4-6(d) Davondre, great job giving an organized, thorough and accurate hand-off report during debriefing. You received 30/30 points. As a friendly reminder, don’t forget to mention the patient’s allergies. 6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Although you did a great job with your CDG this week, you did not include an in-text citation. Remember, all CDGs must include both an in-text citation and a reference. For example, you could have stated “Research by Hill et al. (2024) suggest... or you could place the in-text citation at the end of a sentence such as (Hill et al., 2024). Remember to use your resources to help you with correct APA formatting. 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:																		
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	S	S	S														
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S														
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	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	S	S														
Faculty Initials	BS	CB	BL															

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Comments:

Week 2- 7d- An ACE attitude was displayed at all times while during the clinical experience. BS

Week 3(7d): Excellent job this week displaying a great ACE attitude during clinical. CB

Week 4-7(a,b) You researched and summarized an interesting EBP article in your CDG titled “Heart Failure Nurses within the Primary Care Setting.” Excellent job! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Davondre Harper				Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.			
Date or Clinical Week: 1/20-1/21-2026							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Abnormal assessment findings that should be included are sluggish or no pupil response, abnormal corneal reflex and blink to threat, missing teeth, and diminished lung sounds. Elevated troponin level should also be included. Make sure that you include that the Candida Krusei is found in the sputum specimen.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	The top priority problem was highlighted for your patient as well as all assessment findings in the noticing/recognizing cues boxes. When completing a care map ensure that you list all nursing priorities relevant to your patient. Others that should have been included are impaired physical mobility, impaired walking, risk for constipation, impaired urinary elimination, risk for bleeding, risk for thrombus, risk for aspiration, ineffective breathing patterns, impaired dentition, risk for falls, risk for pressure injury, impaired swallowing, and risk for imbalanced fluid volume. You did a great job including a goal statement, potential complications related to your priority problem with s/sx of each.
	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	
Respo	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Included interventions were prioritized, included a frequency and rationale that were appropriate for your patient, and were individualized.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

nding	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Interventions that could have been included would be assessing skin integrity, IVs, gastric residual, suctioning PRN, and administering micafungin and Plavix.
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Excellent job reassessing all highlighted findings related to your top nursing priority problem. You included to continue the plan of care, which is appropriate.
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Reference An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments: Satisfactory completion of your nursing care map, great job Davondre! CB						Total Points: 42/45	
						Faculty/Teaching Assistant Initials: CB	

Care Map Evaluation Tool**
 AMSN
 2026

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/20-1/21-2026	Impaired Gas Exchange	S/CB	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
2026

Student Name: D. Harper

Clinical Date: 1/13-1/14/2026

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) - Current Diagnosis (2) - Past Medical History (2)	Total Points: 4 Comments: Nice job providing a description of your patient's current diagnosis and past medical history. BS
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) Pathophysiology-what is happening in the body at the cellular level (6)	Total Points: 6 Comments: Great job describing the pathophysiology of all of your patient's medical diagnoses. BS
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) - All patient's signs and symptoms included (2) - Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) - Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	Total Points: 6 Comments: You did a nice job correlating your patient's diagnoses with all of her presenting signs and symptoms. Nice work!
4. Correlate the patient's current diagnosis with all related labs. (12 points total) - All patient's relevant lab result values included (3) (1) - 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)	Total Points: 10 Comments: What you provided was well done. Several important labs not provided (lactic acid, ABGs, BUN, creatinine, NA, K+, PT, INR, D-Dimer). BS
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) - 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)	Total Points: 12 Comments: All relevant diagnostic tests and results included with rationales. Explanation provided related to how the results correlate with the patient's current diagnosis. BS
6. Correlate the patient's current diagnosis with all related	Total Points: 9

medications. (9 points total) - 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)	Comments: Nice job listing the patient's medications with appropriate rationale and correlation to the current diagnosis. Aspirin, Levothyroxine, and Metoprolol omitted. BS
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) - All pertinent past medical history included (2) - Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	Total Points: 4 Comments: Great job connecting your patient's past medical history with her current diagnoses! BS
8. Prioritize nursing interventions related to current diagnosis. (6 points total) All nursing interventions provided for patient prioritized and rationales provided (6) (5)	Total Points: 5 Comments: Nice job here. I would suggest interventions for monitoring the chest tube sites and ambulating to regain strength. BS
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) - 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)	Total Points: 4 Comments: Good job identifying the members of the interdisciplinary team and their roles in the care of your patient. You also identified additional members that could benefit the patient. BS
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory 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)* Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	Total Points: 62/65 Satisfactory BS Comments: Satisfactory completion of your pathophysiology assignment. Nice work! BS

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: Davondre Harper **Date:** 01/28/2026

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.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
Communication 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	5

*End-of- Program Student Learning Outcomes

			TOTAL POINTS	30/30
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Faculty Comments: Davondre, excellent job giving a detailed, accurate, and organized report! Remember to always include your patient's allergies also.

Faculty Signature: Brittany Lombardi, MSN, RN, CNE **Date:** 01/28/2026

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
Skills Lab Evaluation Tool
AMSN

*End-of- Program Student Learning Outcomes

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

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, 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