

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		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
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)	NA	S	NA	S														
e. Administer medications observing the seven rights of medication administration. (Responding)	NA	NA	NA	S														
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	NA	NA														
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	S														
Faculty Initials	AR	AR	AR															
Clinical Location	Special Procedures	Cardiac Diagnostic	Infusion Center	4C														

Comments:

Week 2 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Keep up the great work! AR

Week 3 (1b)- Satisfactory during your Cardiac Diagnostics clinical and with your discussion via the CDG posting. Preceptor comments: “Excellent in all areas. Student asked very educated questions and was involved throughout her time with us.” Great job! Keep up the great work. AR

Week 4 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Isabella is eager to learn and will be an amazing nurse.” Great job! AR

*End-of- Program Student Learning Outcomes

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	S	S														
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)																		
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	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) *	NA	NA	NA	NA														
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	AR	AR	AR															

***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): Factors associated with the social determinants of health that have the potential to influence patient care within this clinical experience is access to quality healthcare. Patient care and outcomes can be significantly affected when individuals are unable to access healthcare services and resources. Within this clinical experience there were many different diagnostic tests and procedures done to promote the health of patients. Diagnostic testing can be performed due to patient symptoms, preventively, and/or routinely depending on the individual's situation. Access to proper testing and procedures is crucial to a patient's overall outcome and well-being. Delaying diagnosis, treatment, testing, and necessary procedures can negatively influence an individual's care and outcome. Unfortunately, many individuals struggle to access proper healthcare and are limited in resources. This could be due to transportation limitations, insurance, or other personal/societal circumstances. It is important that individuals receive quality interventions, testing, and procedures to promote a positive outcome. When this is not the case the outcomes are often negatively influenced, especially within special procedures. **The factors that you included are perfect examples for Special Procedures. So many things can prevent people from receiving adequate healthcare. Great job. AR**

Week 3 (2f): Factors associated with the social determinants of health that have the potential to influence patient care within this clinical experience is economic stability. Transportation can be negatively impacted by an individual's lack of economic stability. Having a lack of financial security can impair access to transportation. If a patient struggles with transportation access, then they can struggle to receive healthcare access. I observed this in clinical, witnessing patients that do not show up to their appointment due to transportation issues. Since cardiac diagnostics are a part of outpatient testing and procedures, patients are responsible for transporting themselves to their appointment. If these patients struggle with financial stability and transportation, they may need additional resources to receive the healthcare they need. This can be a hard situation for patients to talk about, sometimes leading to them not seeking healthcare at all. Negatively impacting their overall health. **Very good example and unfortunately happens more than it should. AR**

Week 4 (2f): Factors associated with the social determinant of health that had the potential to influence patient care within this clinical experience were healthcare access and quality along with social and community context. A patient presented to the infusion center with an infection that required a one-time antibiotic infusion. He was elderly, wheelchair bound and accompanied by his wife who is his support system. Once the infusion was complete without complications the patient was scheduled for continued care through home health. However, both the patient and his wife needed extensive education regarding his treatment and plan of care. During his care at the infusion center, the nurse noticed that his PICC line was not properly cared for increasing the risk of infection. Education and supplies were provided for the time before home health care would see him next to support infection prevention. Additional barriers included lack of transportation due to the electric wheelchair, resulting in limited resources to improve patients' overall health. These factors increase the risk of negatively impacting the patient's overall health and care. **This is a perfect example for social determinants of health concerns. How scary to let this patient and his wife leave when we know they don't fully understand or are capable of the proper care he needs. This is the type of thing that will stay with you throughout your career, and you will be diligent about providing the best education and resources possible. AR**

Week 5 (2f): Factors associated with the social determinants of health that had the potential to influence patient care within this clinical experience were neighborhood and built environment along with social and community context. The social determinant of health neighborhood and built environment affects my patient regarding his housing situation. My patient is within his late 50's and continues to live within his parents' garage. The specifics on the garage condition are unclear; however, this could influence care by him not having the proper resources and housing. This living situation could increase the risks of poor living conditions. Depending on the space it could have poor ventilation, temperature regulation, and/or infection control measures. The social determinant of health social and community context affects my patient due to ineffective coping mechanism of using alcohol in result of stress. This patient has multiple chronic illnesses, housing instability, and psychosocial stress. Within his history, it states the over consumption of alcohol leading to chronic alcoholism, demonstrating ineffective coping mechanisms. Ultimately, having the potential to influence his overall health, care, and outcome.

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

Comments:

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

Week 4 (3c)- Satisfactory CDG posting related to your Infusion Center clinical experience. Great job. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

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

Comments:

Week 2 (4a): A possible ethical and legal issue that I observed within this clinical experience was when a nurse seeks a medication order via telephone. The reason this situation holds the possibility to become a legal or ethical issue is because the telephone conversation started out indirectly, not with the provider themselves. While I am not certain who the individual was that the nurse started the conversation with, this practice of having another individual talk to the provider and then report back poses some risks. This creates the potential risk of communication error, possibly leading to a compromise in patient safety. I would like to add that I am not certain if the provider did take over the phone call, however, the nurse did ensure to read back the order during the telephone conversation. This order should have also been written down to prevent communication errors along with the proper documentation. Failure to do so could create legal and ethical issues. Overall, this situation highlights the importance of communicating directly with the provider when seeking and taking telephone orders. In addition to this, if a order is communicated it needs to be written down with all the proper components and read back directly to the provider. These steps are in place to maintain and promote patient safety, along with reducing the risk of communication and intervention errors. **You discussed important aspects of why the situation you observed could pose legal and/or ethical issues. This is a perfect example and you thought through all aspects! AR**

Week 3 (4a): A possible ethical and legal issue that I observed within this clinical experience was when the nurses communicated with the provider. The nurses within cardiac diagnostics communicated with the physician regarding patients over their personal phones. When an EKG was obtained prior to the physician arriving to their shift, the nurses sent a picture of the strip over text. This strip contained patient information while the nurse obtained a picture on their personal phone. A picture taken within the healthcare setting on a nonauthorized phone can always hold the potential to become an ethical or legal issue. Authorized facility phones should be used when contacting personnel. Perhaps the physician could have viewed the EKG strip once arriving to the unit and the nurse could have just called the physician using an authorized phone to give an update. **This is a concerning issue. Hopefully the outpatient departments will gain access to the hospital-based phone system which would allow them to send the strips in a confidential and secure manner. AR**

Week 4 (4a): A possible ethical and legal issue that I observed within this clinical experience was when the staff communicated with each other in the clinical setting. Since the infusion center is a small area, it is easy for individuals to overhear information that is being communicated. It is essential that the staff talk quietly when it is regarding other patients and ensure that the information is relevant and essential. It is also important to keep in mind that infusion stations are right next to each other

*End-of- Program Student Learning Outcomes

and typically separated by a curtain. When verifying the patient's information while providing care, it is important not to speak too loud since other patients are right next to you. This could become a potential ethical or legal due to confidentiality accidentally being broken while providing care. This increases the need for awareness and HIPPA safeguards. **Absolutely. This is more important than ever in a setting like the Infusion Center. Some department beds are separated only by a curtain and privacy must always be a priority. AR**

Week 5 (4a): A possible ethical and legal issue that I observed within this clinical experience was when the nurse entered the room to provide care for a patient on a ventilator. When entering the room, a focused respiratory assessment was performed and then the nurse grabbed a syringe and instilled the ET tube cuff with some air. In school we are taught that this is within the scope and practice of a respiratory therapist and if any assessment could indicate the need for a respiratory therapist evaluation, then they need to be called. The practice of calling respiratory to come assist is in place to ensure patient safety and promote the best possible outcome. The nurse instilling air into the ET cuff could compromise the patient's safety. Legal and ethical issues could result from this due to inaccurate documentation, ineffective communication between interdisciplinary teams, not following scope, not following hospital policy, and a change in the patient's condition.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
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	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														
f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S														
Faculty Initials	AR	AR	AR															

Comments:

Week 3 (5c)- Satisfactory Quality Assurance/Core Measures assignment and with discussion via CDG posting. Keep up the good work! AR

Objective																		
6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	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)	NA	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	NA	S														
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S														
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S														
Faculty Initials	AR	AR	AR															

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

Comments:

Week 2 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep up the good work! AR

Week 3)6f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Quality Assurance/Core Measures experiences. Great job. AR

Week 4 (6c,f)- Satisfactory with CDG posting related to your Infusion Center clinical experience. Keep up the good work. AR

Objective																		
7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S														
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	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	AR	AR	AR															

Comments:

Week 3 (7b)- Satisfactory Quality Assurance/Core Measures assignment and with discussion via CDG posting. Keep up the good work. AR

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete		

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

Care Map Evaluation Tool**
AMSN
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
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CRITERIA

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

*End-of- Program Student Learning Outcomes

			TOTAL POINTS	
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Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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
Skills Lab Evaluation Tool

*End-of- Program Student Learning Outcomes

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:	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	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