EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Cora Meyer

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: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	NA	NA	NA	S	S													
b. Assess comprehensively as indicated by patient needs and circumstances. **(Noticing)**	NA	NA	NA	S	S													
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	NA	S	NA	S	S													
d. Interpret cardiac rhythm; determine rate and measurements. (**Interpreting)**	NA	NA	NA	NA	NA													
e. Administer medications observing the seven rights of medication administration. **(Responding)**	NA	NA	NA	S	S													
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	S	NA	NA	S													
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	NA	NA	NA	S	S													
Faculty Initials	**AR**	**AR**	**AR**															
Clinical Location	PE and Scavenger hunt	DH Quality CDG	No Clinical	3T	4N													

Comments:
Week 3 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
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: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	NA	NA	NA	S	S													
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	NA	S	NA	S	S													
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	NA	S	NA	S	S													
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting) ***	NA	NA	NA	S	S													
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	NA	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	NA	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.

*End-of- Program Student Learning Outcomes

Comments:

Week 2: 2F. The patient advocate handles many situations and refers patients to other departments that can assist them with factors of social determinants of health as well as cultural factors so that the patient can get the help they need. Situations involving social determinants of health the patient advocate can refer them to case management to receive the proper resources as well as resources for food, shelter, and care when discharged. Culturally the advocate reaches out to clergy members for patients during their admission to visit with them as well as any other accommodations they may need or request. The patient advocate has such an important role. Very good examples. (2e)- Satisfactory during Patient Experience clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." Keep up the great work! AR

Week 3: While observing and assisting in patient care in digestive health there was a potential for social determinants of health to affect patients by affecting access to care. I witnessed at my work a patient who was supposed to be discharged, however they had an appointment with digestive health scheduled in the morning and had no ride to the appointment. We kept the patient overnight and discharged them in the morning and paid for a taxi service to get the patient for their appointment. This shows the patient did not have the resources to attend their appointment. Such a sad circumstance which happens all too often. I am happy to hear your organization was able to help the patient. AR

Week 5: One of the patients I cared for this week had cancer and was receiving radiation therapy from the cancer care center at Firelands. The patient was still in the hospital because they were planning to go to a SNF at discharge. The patient was going to a SNF because of their cancer diagnosis which caused them to need assistance during the day as well as transportation and resources for treatment. The patient does not have the resources or family to help with transportation and everyday care.

Week 6: One of my patients has chronic wounds associated with diabetes. The patient was from home alone and will be transferred to a SNF following her discharge from the hospital. Because of their wounds and conditions, they will require assistance in managing wound care while her foot heals from the IND she received. Her home also poses a risk because she had multiple falls prior to coming into the hospital. Along with this she requires more resources and help when returning home. She also requires more education, proper nutrition, access to healthcare (pcp appointments), and the funds to care for her conditions long term.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

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

Comments:

Week 2 (3b,c)- Satisfactory with Quality Scavenger Hunt, documentation, and discussion via CDG posting. Great job. AR

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

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	NA	S	S													
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	NA	NA	NA	S	S													
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	NA	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. During my clinical experience with the patient advocate I observed a situation with a patient's family member calling the advocate asking questions on a patient on 1South. The other parent was also calling them quite a bit. The patient is over 18 and voluntarily was admitted. They are not a danger to themselves or others and are not pink slipped. The parents, however, wanted them to be pink slipped, and were requesting to speak with the physician to do this. Another issue in this situation is that the patient requires a safety plan for discharge to ensure patient safety. The advocate had to be mindful of their communication with the parents to ensure she did not give them too much information because the patient may not want them involved or may not want them to know certain aspects of their care. The advocate must also try to educate them on what can be done in this situation to ensure the patients safety upon discharge, as well as the patients condition will not change overnight, medications for the patients depression takes a few weeks to take full effect. There were many aspects of his care that could lead to legal and ethical issues. This is a very interesting and complex situation. Health care personnel have to be extremely careful in these types of situations. On the other hand, I am sure this is also a struggle for the parents. Mental health issues affect everyone. Thanks for sharing. AR

Week 3: During my experience in digestive health there was a situation where we had a patient who did not speak English. The system used for the interpreter was not working appropriately and it took many tries along with finding a new system (iPad) to call the interpreter on. Once the nurses finally were able to use the system and had a conversation with the patient, RN, and physicians prior to the procedure to do proper assessment and education for the patient. At one point the nurses needed to ask her if she was ok with her support person to come back prior to the procedure, but they did not set up the system again to ask and they let him back without asking. Technically this is not appropriate, however in the circumstance it was done. This whole process was handled appropriately, however if they did not have a backup plan

*End-of- Program Student Learning Outcomes

with the interpreter system there could have been an issue. Communication that is accurate is very important for the patients' trust as well as to give the patient the best outcome. Technology is great when it works correctly, but when it doesn't we should have a good Plan B. This is a great example. Thank you. AR

Week 5: The nurse I was with during my clinical experience took on an admission at the end of the day. A family member of the patient found me asking questions about them. They were confused and wondered if the patient received medication that was causing them to be "sleepy". The patient came into the ER and was withdrawing from alcohol. The charge nurse was walking by and was able to answer their questions and I noticed the charge did not mention any details related to why they were given Ativan in the ER. She was careful in explaining things without giving certain information to the family member.

Week 6: An ethical issue I came across this week was just to ensure proper care for a patient's discharge. She is scheduled to go to a SNF and requires long term care due to chronic conditions and wounds. Educating and encouraging a proper diet to manage her diabetes and wounds, glucose monitoring, wound care, and fall prevention. We can educate and encourage however the patient has the autonomy to continue to be noncompliant with her diabetes, wound care, and foot care. , wound care, and foot care.

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

*End-of- Program Student Learning Outcomes

Faculty Initials	AR	AR	AR																

Comments:

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

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	NA	S	S													
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	NA	NA	NA	S	S													
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	NA	NA	S	S													
d. Deliver effective and concise hand-off reports. **(Responding) ***	NA	NA	NA	S	S													
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	NA	NA	NA	S	S													

*End-of- Program Student Learning Outcomes

f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S U	NA S	S	S														
Faculty Initials	**AR**	**AR**	**AR**																

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

Comments:

Week 2 (6c,f)- Satisfactory discussion via CDG postings for your Patient Experience and Quality Scavenger Hunt clinical experiences. Keep up the great work. AR

Week 3 (6f)- While the content in your CDG posting for the Quality Assurance/Core Measures observation was sufficient and accurate, you did not include an in-text citation or a reference. See CDG grading rubric. This has resulted in an unsatisfactory evaluation. For Week 4, be sure to address this U following the directions at the beginning of this document. Thank you. AR

Week 4 (6f)- You correctly addressed the unsatisfactory evaluation at the end of this tool, therefore I changed this evaluation to satisfactory. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	S	NA	S	S													
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	NA	S	S													
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	NA	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	NA	S	S													
Faculty Initials	**AR**	**AR**	**AR**															

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (7a)- Satisfactory discussion via CDG posting related to your Patient Experience clinical. AR
Week 3 (7b)- Satisfactory discussion via CDG posting related to the Quality Assurance/Core Measures content. Keep up the good 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
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: • 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:

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Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2026

Student Name: **Clinical Date:**

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:** **Comments:**
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:** **Comments:**
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:** **Comments:**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • 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)	**Total Points:** **Comments:**
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:** **Comments:**
6. Correlate the patient's current diagnosis with all related	**Total Points:**

*End-of- Program Student Learning Outcomes

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:**
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:** **Comments:**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** **Comments:**
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:** **Comments:**
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:** **Comments:**

AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____   **Date**: _____

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory

CRITERIA

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

*End-of- Program Student Learning Outcomes

			TOTAL POINTS	

Faculty Comments: _____

_____

_____

Faculty Signature:_____**Date:** _____

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										
	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

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 handoff report activity. BS

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Week 3 Addressing my unsatisfactory rating: I made a mistake and missed including a reference and in text citation in my CDG posting. It is a mistake I will learn from and plan to ensure I am verifying my postings are correct and follow the rubric that was given to me. This will be a mistake I will not make again. Thank you. AR

Student eSignature & Date:

ar 12/12/2025will

*End-of- Program Student Learning Outcomes