

**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)
1/23/2026	1H	Didn't complete QA/Core Measures assignment	1/28/2026 1H
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:	NA	NA	NA	S	S	S												
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA	NA	NA S	S	S	S												
c. Evaluate patient’s response to nursing interventions. (Reflecting)	NA	NA	NA S	S	S	S												
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S												
e. Administer medications observing the seven rights of medication administration. (Responding)	NA	NA	NA	S	S	S												
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	NA	NA	NA S	S	S	S												
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	NA	S	S	S												
Faculty Initials	AR	AR	AR	BL	BS													
Clinical Location	IS-Snow Day	Quality assurance/Core measures	SP	IS & 4P	4C	4C												

Comments:

Week 4 (1b,c,f)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. IV start, observed neph tube exchange, cardiac CTA, fistulogram, thoracentesis.” Great job! AR

Week 5-1(a-e,g) This week, you demonstrated 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

*End-of- Program Student Learning Outcomes

routes) was conducted safely and accurately, adhering to all rights of medication administration. Lastly, you gained experience in beginning to interpret cardiac rhythms, including accurate rate and interval measurements. Your attentiveness in closely monitoring your patient on 4P significantly contributed to promoting positive patient outcomes. As you move forward, I encourage you to be more confident in your skills and nursing knowledge, and to make decisions with assurance rather than hesitation. 1(c,f) Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Started IV; observed anesthesia start IV using ultrasound; observed wound care; observed lab draws.” “Will make an amazing nurse. Best of luck to you!” Excellent job! BL
 Week 6- 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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

*End-of- Program Student Learning Outcomes

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)	NA	S	S	S	S	S												
Faculty Initials	AR	AR	AR	BL	BS													

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

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

Comments:

Week 3- 2f: A social determinant of health that could impact or influence patient care is lack of health care insurance. Without insurance, the patient may be unable to afford medications for congestive heart failure. This could result in poor disease management and frequent admissions to the hospital. Another social determinant could be a lack of access to healthy foods. Limited access to healthier foods may lead to poor dietary habits worsening CHF which are high in sodium and resulting in the patient retaining fluid.

Great examples. AR

Week 4-2f: A social determinant of health that could impact or influence patient care is transportation. I was able to witness a cardiac CTA, nephrostomy tube exchange, fistulogram/thrombectomy, and thoracentesis. Obviously, these procedures require transportation to and from the hospital in order for them to be performed. If a patient misses an appointment or reschedules their appointments this can lead to potential worsening of their condition or require more interventions when having these procedures done. Transportation is a big concern for many patients. This can cause the issues you discussed, and likely others as well. Great example. AR

Week 5 2-f: During infusion center a social determinant of health that could impact or influence patient care is financial stability, insurance coverage, or having a chronic condition. These can all lead to emotional stress, anxiety, and fatigue influencing their ability to follow up with treatment plans. On 4P my patient presented with some health literacy or a lack of knowledge on how to properly lose weight. I believe this played somewhat of a factor in why he was experiencing his syncopal episodes. Great examples, Brittany. I agree that low health literacy was definitely a concern for your patient on 4P. His recent weight loss likely altered how his body responded to his prescribed cardiac medications, increasing the risk for hypotension and subsequent syncopal episodes. This situation highlights the importance of monitoring for physiologic changes such as weight loss, and providing patient education to reduce the risk of adverse outcomes. BL

Week 6 – 2-f. Some social determinants of health that may contributed to my patient’s cardiac arrest include her history of substance abuse, which increases her risk for dysrhythmias and hypoxia. Substance abuse can sometimes be associated with limited access to preventative healthcare and family history of addiction. Family understanding of patient’s condition and organ donation processes may affect treatment decisions and outcomes. Yeah, this is a pretty sad case, especially for her son. I hope he realizes that none of this is a reflection of himself, and that he realizes that just because this is how both of his parents have died this way that he isn’t destined to do the same thing. BS

Week 6- 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

*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 - 2-f: My patient had several social determinants of health that significantly influenced her care. She had down syndrome, cognitive impairment, and suffered brain injury during her aspiration/choking episode. This limits her ability to talk and be a part of her own health care decisions. Because of this, she has relied on someone else having guardianship over her to advocate for her medical needs. The patient also had a history of physical abuse from her biological parents which influenced how the staff approached family interactions.

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

Comments:

Week 3 (3b)- Satisfactory discussion related to your Quality Assurance/Core Measures observation. You did not complete the assignment, however, and need to have this submitted by 1/30/2026 at 0800. AR
 Week 5-3(c) Excellent work this week demonstrating fiscal responsibility in your clinical practice, as well as discussing it in your Infusion Center CDG. 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

*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:	NA	S	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	NA	S	S	S												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	NA	NA	S	S	S	S												
Faculty Initials	AR	AR	AR	BL	BS													

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

Comments:

Week 3- 4a: An example of ethical issues observed in the clinical setting could be informed consent not explained properly to a patient before a procedure or having them sign it while being sedated. This could and would violate the patient and their rights. The nurse should be an advocate for the patient and make sure the patient understands everything before proceeding and making sure the consent form is signed prior to any anesthesia. So important. AR

Week 4-4a: Being in the special procedures area/environment I think causes some concerns for HIPAA/Confidentiality exposures. Patients come into rooms right outside of the nurse's station for insertion of their Iv's and the rooms are right next to each other and the only source of privacy is a curtain. Anyone can hear the conversation between the nurse and the patient, and I have always thought of this as concern myself. I believe in having doors installed into these types of areas. This is a perfect example for Special Procedures, among other similar departments. Having witnessed these concerns first-hand will stay with you throughout your career and you will be more diligent than others. AR

*End-of- Program Student Learning Outcomes

Week 5-4a: For the infusion center, patients receiving IV medications or infusions need to fully understand the purpose, risk, and potential side effects of treatment. I had one patient who was there for the first time, and she seemed a bit anxious. I was able to talk to get to know her and I feel like that helped her feel less anxious. Ethically as nurses we need to make sure we support the patient in any decisions they are making. Legally if the patient doesn't understand something this could place the patient at risk and the facility as well. 4P and like anywhere else in healthcare, strict adherence to medication administration is continuously observed. Barcode medication administration, and nurses verifying with another nurse for medications that are higher alert. Ethical and legal issues can arise if medications are administered without proper verification or if they're outside the nurse's scope. It's the nurse's responsibility to always follow their organizations policies and ethical responsibilities to prevent harm to the patient. *Well stated. Ensuring informed consent and assessing patient understanding are both ethical and legal obligations, particularly in high-risk areas such as infusion centers. Your emphasis on medication verification, scope of practice, and adherence to organizational policies appropriately highlights the nurse's role in preventing patient harm and reducing legal liability.* BL

Week 5-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient and his family in decision-making processes. Your ability to listen empathetically, provide clear information, and respect individual values supported patient autonomy and fostered trust. Keep up the great work! BL

Week 6- 4a- Since my patient suffered severe neurological damage this puts a strain on the whole family. She was not married, had a son, and boyfriend and mom were in the room. This could create potential conflict regarding who had legal authority to make healthcare decisions. *True, and this happens quite often in this environment. It's fine when everyone is on the same page, but can cause big problems if they are not. Good observation. BS*

Week 6- 4c- Professional behavior observed at all times while on the clinical floor. BS

Week 7- 4a- During my clinical experience, I cared for a patient with Down Syndrome who lived in a group home and had a court appointed guardian who was in charge of all of her healthcare decisions. The patient's mom visited while I was caring for the patient and this specific situation creates an ethical challenge when the mother asked questions regarding the patient's condition and plan of care. Legally, the HCP and or nurses were to only share information with the guardian. Even though the mother asked questions the staff had to limit sharing information.

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:	NA	NA	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)	NA	NA	S	S	S	S												
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	NA	S	S	S	S	S												
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	NA	NA	S	S	S	S												
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	NA	NA	S	S	S	S												

*End-of- Program Student Learning Outcomes

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

Comments:

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

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

Week 6- 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

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

*End-of- Program Student Learning Outcomes

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

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

Comments:

Week 3 (6f)- Satisfactory Quality Assurance/Core Measures discussion via CDG posting. Keep up the good work as you progress through the semester. AR

Week 4 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Great job. AR

Week 5-6(d) Great job receiving report from the night shift RN this week. Moving forward, focus on becoming more comfortable using a standardized report sheet instead of a blank piece of paper. Using a structured tool will help improve organization, accuracy, and efficiency in communication, which are key skills in professional nursing practice.

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) Satisfactory completion of your CDGs this week. Keep up the great work! BL

Week 6- 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. Satisfactory completion of your pathophysiology CDG. Nice work! BS

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:	NA	NA	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)	NA	S	S	S	S	S												
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	NA	NA	S	S	S	S												

*End-of- Program Student Learning Outcomes

d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	NA	NA	S	S	S	S												
Faculty Initials	AR	AR	AR	BL	BS													

Comments:

Week 3 (7b)- Satisfactory Quality Assurance/Core Measures discussion via CDG posting. Keep it up. AR
 Week 2-7(a,b) You researched and summarized an interesting EBP article in your CDG titled “Orthostatic Hypotension In Older People: Considerations, Diagnosis, and Management.” Excellent job! 7(d) Brittany, your positive attitude, strong sense of commitment, and genuine enthusiasm for nursing were evident in every interaction with your patient this week. These qualities not only enhance patient care but also contribute meaningfully to the clinical team. Keep up all your hard work! BL
 Week 6- 7d- An ACE attitude was displayed at all times throughout the clinical experience. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

*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: B. Rodisel

Clinical Date: 2/10-2/11/2026

<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: 4 Comments: Nice job providing a description of your patient's current diagnosis and past medical history.</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: 6 Comments: Great job describing the pathophysiology of all of your patient's medical diagnoses.</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: 6 Comments: You did a nice job correlating your patient's diagnoses with all of her presenting signs and symptoms. Nice work!</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: 12 Comments: Great job correlating your patient's labs with her diagnosis. All relevant labs included with rationales provided. Normal ranges were included also.</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: 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.</p>
<p>6. Correlate the patient's current diagnosis with all related</p>	<p>Total Points: 4</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: Great job connecting your patient's past medical history with her current diagnoses! BS</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: 6 Comments: You provided a prioritized set of nursing interventions with rationales provided.</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: 4 Comments: Great 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</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: 4 Comments: Great job connecting your patient's past medical history with her current diagnoses! BS</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: 65/65 Satisfactory BS Comments: Satisfactory completion of your pathophysiology assignment. Great work, Brittany! BS</p>

Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory
------------------------------------	--

CRITERIA

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

	teaching provided.			
			TOTAL POINTS	

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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

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

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2026

Skills Lab Competency Evaluation	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
Performance Codes:										
S: Satisfactory										
U: Unsatisfactory										
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	CB/BS	BL	AR	FB/CB/ BL/BS	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:

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

**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