

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Advanced Medical Surgical Nursing- 2026**

**Firelands Regional Medical Center School of Nursing  
Sandusky, Ohio**

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN  
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE  
Brittany Lombardi, MSN, RN, CNE

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Faculty and teaching assistants will complete a cumulative evaluation of each competency at the midterm and final. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

**METHODS OF EVALUATION:**

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

**ABSENCE (Refer to Attendance Policy)**

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

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Objective

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

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

**Comments:**

Week 2 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 5 (1a,b)- Great job managing patient care and prioritizing care based on your comprehensive assessments performed on your assigned patients. FB

Week 6 (1a,b,c)- Satisfactory job managing patients during your patient management clinical experiences this week! You organized your time well, evaluated each patient situation, and kept up implementing all appropriate interventions. Great job! FB

\*End-of- Program Student Learning Outcomes

**Objective**

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	NA	NA	NA	S	S	S												
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding)</b>																		
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	S	NA	NA	S	S	S												
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	S	NA	NA	S	S	S												
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. <b>(Noticing, Interpreting, Responding, Reflecting) *</b>	S	NA	NA	S	S	S												
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	S	NA	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.** <b>(Noticing, Interpreting, Responding, Reflecting)</b>	S	S	S	S	S	S												
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>													

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

\*End-of- Program Student Learning Outcomes

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

**Comments:**

Week 2 2F: A social determinant of health could be lack of access to healthcare for these patients to get these screens and tests done regularly at the appropriate time. These patients may not have the funding to provide themselves with routine healthcare. **This is a great example and it happens all too often. AR**

Week 3 2F: An SDOH for any patient suffering from the disease processes recorded by the Quality Department may be that the patient had a lack of education about their disease process that may have altered their care of themselves at home. **Absolutely, and probably happens more than any of us realize. AR**

Week 4 2F: An SDOH for patients I observed during my Patient Experience was lack of care at home/patients not having access to home health. I noticed a lot of requests from patients to get home care set up for them as they do not have proper home care leading to further disabling. **There is so much criteria to qualify for home health care and unfortunately it is dictated by the insurance companies. You are correct; many would benefit from those services and overall live healthier lives. AR**  
Week 4 (2e)- Satisfactory during your Patient Experience clinical and with discussion via your CDG posting. Preceptor comments: “Excellent in all areas.” Keep up the great work. AR

Week 5 2F: This clinical experience I witnessed my patient and his wife sit down and speak with an advisor on which Medicare plan would be best for them moving forward to afford heart procedures coming up in his near future. Certain plans gave them coverage in some areas and left a lack of coverage in others. They ended up finding a plan, however, getting approved and switched to it would take about a month, leaving his surgery to have to be pushed back and scheduled in May. This lack of insurance coverage is delaying his care, prolonging his disease and his hospital stay. In return, making their bills higher. If they had proper coverage sooner, they would be able to get him the care he needs faster, without worrying about money. **Insurance is very important, because healthcare has gotten so expensive. It’s very sad that we have to rely on that coverage to get the care patients need. Hopefully the patient gets coverage soon. FB**

Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 6 2F: This clinical experience witnessed a lack of health education. My client had a few things occurring with him, making him high risk for rehospitalization. He was uneducated about his multiple disease processes and what to do to promote his health. He was not taking care of himself at home, leading to him becoming hospitalized due to dehydration that caused an AKI. I was able to help give him proper education and health promotion packets alongside my nurse. **Education is our best tool to assist patients with positive health outcomes. Education must provide all the information to a patient at a level that they will understand. As well as discussion it is also important to provide written information at a level that they can understand and comprehend. FB**

Week 6 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. Using clinical judgement, you were able to prioritize care provided to your assigned patients and assess for changes or complications. FB

Week 7 2f: While on clinical, I was able to observe my patient struggling with his new suggested diet as he does not have access to better quality / healthier foods. Fresh foods are too expensive and eating microwaveable meals/canned foods/frozen foods are a lot more attainable for his financial situation. This unfortunately contributes to his disease process and overall bad health.

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

**Comments:**

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

Week 4 (3b,c)- Satisfactory during Scavenger Hunt, with documentation, and with discussion via CDG posting. Great job. AR

Week 5 (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) This competency was changed because you demonstrated the ability to interpreting facts determining the need for prioritization of care for your assigned patient during this clinical rotation, great job. FB

Week 6 (3e) Great job using critical thinking and clinical judgement to prioritize the delivery of care to your assigned patients during the clinical experiences this week.

You are doing a great job implementing knowledge you have gained in theory to care delivered at the bedside. FB

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
<b>Competencies:</b>	S	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)	S	NA	NA	S	S	S												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	NA	S	S	S												
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>													

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

**Comments:**

Week 2 4a: An example of a legal/ethical issue observed in this setting would be a patient’s right to refuse treatment from students. They have a legal right to refuse care, and if they are not made aware or their wishes are not listened to, this could be a legal issue. **Exactly. It would be an ethical issue on the part of the student and nurse also. Great example. AR**

Week 3 4a: An example of legal/ethical issues may be not blurring or removing patients’ names when sharing this collected data for studies, EBP articles, etc. This can leak patient information and violate HIPAA. **Good example and always a huge concern. AR**

Week 4 4a: An example of legal/ethical issues I observed with doing my Patient Experience was the hospital staff losing patients items or damaging them. This can be an issue by having to decide who was responsible and how much needs reimbursed/replaced. **This does happen too often and costs the organization a large sum of money. It also takes time and effort for items such as dentures, hearing aids, and glasses to be replaced which can cause further issues for the patients. AR**

Week 5 4a: An example of a legal/ethical issue I observed was delegation on this clinical. If the wrong task was delegated to the wrong person, this could end up with a patient being hurt or not receiving proper care. Delegation needs to follow the 5 rights. I did witness this being done correctly, however, if done wrong this can be a

\*End-of- Program Student Learning Outcomes

huge legal issue. You are correct, good example, there needs to be accountability, the individual performing the task must understand the task and communicate the completion of the task. The individual delegating the task must know if the task is within the scope of practice of the person they are delegating to. FB

Week 6 4a: I watched a patient refuse multiple treatments due to her not wanting them because she did not feel like they would work. This can be an ethical issue as the HCP wants to help the patient; however, the patient also must be willing to accept the treatment. In this case, the Doctor has to work around what the patient wants to provide ethical and correct legal care due to patient rights. Patients have the right to refuse treatment. Often times it due to a lack of education and understanding. Exploration into exactly what the patient’s expectations are is a good place to start. Healthcare providers can only do so much, some of the responsibility of positive patient outcomes is the patient’s responsibility. FB

Week 7 4a: An example of a legal/ethical issue I witnessed while on clinical was a physician debating if he should take the patient on as a surgical patient. The patient doesn’t seem to be proactive with his health or follow up appointments previously, so taking the patient on could be a risk for post operative complications, as it may do the patient more harm than good if he refuses to follow the proper after care. In the end, the patient ended up getting surgery.

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

\*End-of- Program Student Learning Outcomes

f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	NA	NA	S	S	S												
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>													

**Comments:**

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

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/3/2026– Satisfactory in most areas, excellent in provider of care: demonstrates prior knowledge of departmental/nursing responsibilities, manager of care: communication skills, and member of profession: demonstrates professionalism in nursing. Student goals: “Improve on med administration skills, administer medications efficiently and in a timely manner.” Additional RN comments: “Energetic and professional” VS/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/10/2026– Excellent in all areas. Student goals: “I would like to improve on therapeutic communication with my patients next clinical.” Additional Preceptor comments: “Madison did a great job taking care of her patients. Very organized and asked great questions. On top of her patients needs! Great job.” SG/FB Reported on by assigned RN during clinical rotation 2/11/2026- Excellent in all areas. Student goals: “I would like to improve on charting in a timely manner.” Additional preceptor comments: “Madison did a great job prioritizing her patients was eager to learn and did a great job today, esp. with our chemo patient!” SG/FB

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

\*End-of- Program Student Learning Outcomes

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

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

**Comments:**

Week 3 (6f)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Great job! AR

Week 4 (6cmf)- Satisfactory CDG postings related to your Patient Experience and Quality Scavenger Hunt clinical experiences. Great work! AR

Week 5 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 6 (6d) This competency was completed satisfactorily on 2/10/2026 according to the hand-off report rubric, score of 30/30 points. Additional RN comments:

“Great report hit all main points!” SG/FB (6f)- Satisfactory CDG posting related to prioritization and your patient management clinical experiences this week! Keep up the great work! FB

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
<b>Competencies:</b>	S	NA	S	S	S	S												
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>	S	NA	S	S	S	S												
b. Accountable for investigating evidence-based practice to improve patient outcomes. <b>(Responding)</b>	S	S	S	S	S	S												
c. Comply with the FRMCSN “Student Code of Conduct Policy.” <b>(Responding)</b>	S	S	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)	S	S	S	S	S	S												
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>													

**Comments:**

Week 3 (7b)- Satisfactory Quality Assurance/Core Measures assignment and with discussion via CDG posting. Keep up the good work. AR  
 Week 4 (7a)- Satisfactory discussion via CDG posting related to your Patient Experience clinical. Keep up the great work throughout the semester. AR  
 Week 5 (7d)- Great job demonstrating “ACE”, as well as delivering compassionate care to assigned patients. FB  
 Week 6 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. You also recognize the importance that evidenced-based practice contributes to positive patient outcomes. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing  
 Care Map Grading Rubric

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

\*End-of- Program Student Learning Outcomes

	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Criteria</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Points Earned</b>	<b>Comments</b>
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

### 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:**

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Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

Care Map Evaluation Tool\*\*  
 AMSN  
 2026

\*\* AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback. **Students that are not satisfactory after these 2 attempts will be required to meet with course faculty for remediation.**

Comments:

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

**Student Name:**

**Clinical Date:**

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>

<ul style="list-style-type: none"> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)</li> </ul>	
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</b></p> <ul style="list-style-type: none"> <li>• All related medications included (3)</li> <li>• Rationale provided for the use of each medication (3)</li> <li>• Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)</li> <li>• Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p>Total possible points = 65 51-65 = Satisfactory &lt; 51 = Unsatisfactory</p>	<p><b>Total Points:</b> <b>Comments:</b></p>

<p><b>Course Objective:</b> 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p><b>Clinical Competency:</b> 2(a.) Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	
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**Firelands Regional Medical Center School of Nursing  
AMSN –4 Tower - Hand-Off Report Competency Rubric  
Faculty:** Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

	<b>Meets Expectations 5</b>	<b>Needs Improvement 3</b>	<b>Does Not Meet Expectations 0</b>	<b>POINTS</b>
<b>Introduction Safety (1,2)*</b>	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	
<b>Situation (3)*</b>	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient’s situation.	
<b>Background (4)*</b>	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	
<b>Assessment</b>	Provides clear, concise, pertinent assessment information e.g. vital	Provides assessment information but material is disorganized.	Assessment information is incomplete and needs	

\*End-of- Program Student Learning Outcomes

<b>Laboratory/Diagnostic Testing</b> (5)*	signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	improvement. Does not communicate findings in a way that can be understood.	
<b>Actions</b> (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.	
<b>Communication Prioritization</b> (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	
			<b>TOTAL POINTS</b>	

**Faculty Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\*End-of- Program Student Learning Outcomes

	(Med-Surg) (*1, 2, 6)	SBAR, and Post Quiz			
<b>Date:</b> 4/6/2026	Comprehensive Simulation (*1, 2, 3, 5, 6, 7)	Scenario			
		Survey			

\* Course Objectives

**Comments:**

Firelands Regional Medical Center School of Nursing  
Skills Lab Evaluation Tool  
AMSN  
2026

<b>Skills Lab</b> <b>Competency</b> <b>Evaluation</b>  Performance Codes:  S: Satisfactory  U: Unsatisfactory	Lab Skills									
	Meditech Document (6)*	Physician Orders/SBAR (1,5,6)*	Prioritization/Delegation (1,2,5,6)*	Resuscitation (1,5,6)*	IV Start (1,6)*	Blood Admin./IV Pumps (1,2,6)*	Central Line/Blood Draw/Ports (1,6)*	Head to Toe Assessment (1,6)*	ECG/Hand-off report/CT (1,6)*	ECG Measurements (1,6)*
	Date: 1/6/2026	Date: 1/6/2026	Date: 1/6/2026	Date: 1/6/2026	Date: 1/8/2026	Date: 1/8/2026	Date: 1/9/2026	Date: 1/9/2026	Date: 1/9/2026	Date: 1/9/2026
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	BS/CB	BL	AR	BS/CB/ FB/BL	AR	CB	BS/DW	BS/DW	AR
<b>Remediation:</b> 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