

**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	S	S	S	S	S												
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	S	S	S	S												
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	S	S	S	S												
c. Evaluate patient’s response to nursing interventions. <b>(Reflecting)</b>	S	S	S	S	S	S												
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	S	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	NA	NA	NA												
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	S	S	S	S	S												
<b>Faculty Initials</b>	AR	AR	AR	BS	CB	BL												
<b>Clinical Location</b>	Special Procedures	Cardiac Diagnostic	Infusion Center	4C	4C	4P												

**Comments:**

Week 2 (1b,c)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Keep up the great work! AR  
 Week 3 (1b)- Satisfactory during your Cardiac Diagnostics clinical and with your discussion via the CDG posting. Preceptor comments: “Excellent in all areas. Student asked very educated questions and was involved throughout her time with us.” Great job! Keep up the great work. AR  
 Week 4 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Isabella is eager to learn and will be an amazing nurse.” Great job! AR

\*End-of- Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5- 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 through various routes (IV, IVP, OG) appropriately while observing the seven rights of medication administration. Nice work! BS

Week 6(1a-e,g): Excellent job this week managing complex patient care situations. Your care was very organized, and you did a great job with your time management. Your head to toes assessments were very thorough and well done. Medication passes were safely done following all rights of medication administration. Practice was gained interpreting cardiac rhythms through observation and one on one discussion. Great job monitoring your patient closely to ensure positive patient outcomes. CB

Week 7-1(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 routes) was conducted safely and accurately, adhering to all rights of medication administration. 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. BL

**Objective**

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

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

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

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

**Comments:**

**Week 2 (2f):** Factors associated with the social determinants of health that have the potential to influence patient care within this clinical experience is access to quality healthcare. Patient care and outcomes can be significantly affected when individuals are unable to access healthcare services and resources. Within this clinical experience there were many different diagnostic tests and procedures done to promote the health of patients. Diagnostic testing can be performed due to patient symptoms, preventively, and/or routinely depending on the individual's situation. Access to proper testing and procedures is crucial to a patient's overall outcome and well-being. Delaying diagnosis, treatment, testing, and necessary procedures can negatively influence an individual's care and outcome. Unfortunately, many individuals struggle to access proper healthcare and are limited in resources. This could be due to transportation limitations, insurance, or other personal/societal circumstances. It is important that individuals receive quality interventions, testing, and procedures to promote a positive outcome. When this is not the case the outcomes are often negatively influenced, especially within special procedures. **The factors that you included are perfect examples for Special Procedures. So many things can prevent people from receiving adequate healthcare. Great job. AR**

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

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

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

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Week 5- 2a-f - You were able to correlate the relationships among your patients' disease processes, history and symptoms, and present condition utilizing your clinical judgment skills, and utilize that information to satisfactorily complete your pathophysiology CDG. You also did a nice job providing a prioritized list of nursing interventions for your patient. BS**

**Week 6 (2f):** Factors associated with the social determinants of health that had the potential to influence patient care within this clinical experience was education, access and quality. My patient was extremely well educated regarding his medical condition, understanding his disease process, medication regimen, treatment options,

and follow up. His level of understanding positively impacted his care by improving medication adherence, diagnosis management, preventing further complications, and reportable signs and symptoms. He ensured that his health was taken seriously and cared for properly overall positively affecting his mindset and lifestyle. **Izzy, great example. I feel as though your patient's illness is managed so well because of his knowledge of what is going on and knowing when something is off. CB**  
**Week 6(2a,b,d,e): Great job this week formulating a care map related to your patient, please see the grading rubric below for detailed feedback. You were able to notice abnormal assessment findings to interpret your patient's priority problem, and recognize potential complications related to that problem. You did a great job during clinical respecting your patient and their families wishes while providing patient centered care. CB**

**Week 7 (2f):** Factors associated with the social determinants of health that had the potential to influence patient care within this clinical experience was quality social support. My patient lives at home with her husband and has children, grandchildren, great grandchildren, and friends within the community. While hospitalized, her granddaughter visited daily and kept her company. Ensuring to play games, read, watch television, and eat meals with her grandma. Having a strong support system can positively impact care by reducing the feelings of isolation, depression, and lack of motivation. This support positively impacts patient care by improving patient participation, engagement, and overall treatment outcomes. **Great job, Izzy! Having a good support system can significantly improve patient outcomes, compliance with treatment plans, and recovery after discharge. BL**

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

**Comments:**

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

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

Week 6(3a-d): Great job observing communication between healthcare team members. You participated in QI and core measures by appropriately documenting standards of care. Fiscal responsibility was practiced by charging items from the PAR room and scanning all medications/flushes. CB

Week 7-3(c) Excellent work this week demonstrating fiscal responsibility in your clinical practice. It's important to make thoughtful, cost-conscious decisions that support high-quality patient care. These are essential skills as you transition into professional practice. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

\*End-of- Program Student Learning Outcomes

**Objective**

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<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)	NA	NA	S	S	S	S												
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S												
<b>Faculty Initials</b>	AR	AR	AR	BS	CB	BL												

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

**Comments:**

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

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

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

\*End-of- Program Student Learning Outcomes

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

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

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

**Week 6 (4a):** A possible ethical and legal issue that I observed with this clinical experience was the patients change in code status and palliative consultation. Since the patient's chronic condition was considered end stage with limited curative treatment options remaining, the intervention mindset changed to provide comfort and quality of life. This was as long as the patient's safety was not compromised. For example, the patient was used to maintaining a low oxygen level so as this point if he stayed within the mid 80's then he was permitted to just use the high flow with a non-rebreather mask instead of the bipap machine. As well as being able to eat and talk with his family despite a drop in oxygen saturation levels. This could raise some ethical consideration related to the patient's autonomy, beneficence, and nonmaleficence. Highlighting the balance between the patient centered care and maintaining legal responsibilities and policy requirements. **Izzy, sometimes it a hard line to draw between ensuring the patient is safe with their oxygenation and allowing the quality of life they want. Your patient had a good understanding of his numbers and was cooperative with reapplying his oxygen. CB**

**Week 6(4c): Excellent job displaying professional behavior at all times in the clinical setting. CB**

**Week 7 (4a):** A possible ethical and legal issue that I observed within this clinical experience involved the episodes of confusion that my patient was experiencing. Every patient has the right to make their own decisions regarding their care; however, in some cases, another individual may need to step in and make decisions on their behalf. Although the episodes of confusion that my patient was experiencing were brief and extremely mild, it is important to continue monitoring for any worsening symptoms. Assessing LOC and mental status frequently ensures that patients receive the best care possible. If a patient does become confused to a point and is refusing everything then legally an individual may need to take over that role of decision making. This can create legal and ethical issues due to knowing when a patients autonomy needs to be evaluated and legally taken over while ensuring safety and protecting from harm. **Nice job identifying the ethical challenge between respecting patient autonomy and ensuring patient safety, especially in situations where confusion may affect decision-making ability. BL**

**Week 7-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient and her 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**

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	S	S	S	S	S												
a. Reflect on your overall performance in the clinical area for the week. <b>(Responding)</b>	S	S	S	S	S	S												
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	S	S	S	S	S												
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. <b>(Interpreting)</b>	S	S	S	S	S	S												
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	S	S	S	S	S												
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	S	S	S	S	S												
f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	S	S	S	S	S												
<b>Faculty Initials</b>	AR	AR	AR	BS	CB	BL												

**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,b,d- Great performance in the clinical setting this week, both with patient care and documentation, as well as medication administration. Hand hygiene observed at all times when entering and exiting patient rooms. BS

Week 6(5b,d): Excellent job working independently and as a team, while completing interventions for your patient. Great job using standard precautions while caring for your patients this week! CB

Week 7-5(b) Great job this week demonstrating initiative and enthusiasm for learning. You asked thoughtful, appropriate questions that supported the development of clinical knowledge and sound clinical judgment. 5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)\*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	S	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	S	S	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	S	S	S	S	S												
d. Deliver effective and concise hand-off reports. <b>(Responding) *</b>	NA	NA	NA	S	S	S												
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>	S	S	S	S	S	S												
<b>Faculty Initials</b>	AR	AR	AR	BS	CB	BL												

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

**Comments:**

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

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

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

Week 5- 6a-c, e,f- You did a great 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. Your pathophysiology CDG was very well done. Nice work! BS

Week 6(6d,e,f): Excellent job with all your documentation this week in clinical. Satisfactory completion of your 4T hand-off report, scoring 30/30, please see grading rubric below. Your documentation was done in a timely manner and was accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 7-6(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 CDG this week. Keep up all of your great work! BL

\*End-of- Program Student Learning Outcomes

**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	S	S	S	S	S												
a. Value the need for continuous improvement in clinical practice based on evidence. <b>(Responding)</b>																		
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												
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. <b>(Responding)</b>	S	S	S	S	S	S												
<b>Faculty Initials</b>	AR	AR	AR	BS	CB	BL												

**Comments:**

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

Week 5- 7d- An ACE attitude was displayed at all times while during the clinical experience. BS

Week 6(d): Excellent job this week displaying a great ACE attitude during clinical and showing enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Week 7-7(a,b) Excellent job researching and summarizing an interesting EBP article in your CDG related to the care of your patient. 7(d) 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 of your hard work! BL

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name: <b>Isabella Riedy</b>		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: <b>2/10-11/2026</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)	3	Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. You were also able to identify all risk factors that were relevant for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All nursing priorities that are related to your patient should be listed. I would have also included risk for impaired spontaneous ventilation, risk for bleeding, and risk for falls. You did a great job correlating all of your abnormal assessments to your priority problem of impaired gas exchange. Good job listing potential complications of your priority problem.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing nursing interventions for your patient that are prioritized, individualized and realistic, and include a frequency and rationale. Interventions you could have included would be to collaborate with pulm, PT, and palliative.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

\*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	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Good job reflecting on abnormal assessment findings. I agree with continuing the plan of care for your patient.
	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>	Complete			Not complete	3	

### Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

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

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

**Faculty/Teaching Assistant Comments: Izzy, excellent job on your nursing care map. Keep up all of your hard work! CB**

**Total Points: 45/45**

**Faculty/Teaching Assistant Initials: CB**

Care Map Evaluation Tool\*\*  
AMSN  
2026

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/10-11/2026	Impaired Gas Exchange	S/CB	NA

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

Comments:

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

<b>Student Name:</b> I. Riedy		<b>Clinical Date:</b> 2/3-2/4/2026	
<b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>		<b>Total Points: 4</b> <b>Comments:</b> Nice job providing a description of your patient's current diagnosis and past medical history.	
<b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>		<b>Total Points: 6</b> <b>Comments:</b> Great job describing the pathophysiology of your patient's medical diagnoses.	
<b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b> <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>		<b>Total Points: 6</b> <b>Comments:</b> You did a nice job correlating your patient's diagnoses with all of her presenting signs and symptoms. Nice work!	
<b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b> <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> <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>		<b>Total Points: 12</b> <b>Comments:</b> Nice work correlating your patient's current diagnosis and all of his lab values. Rationales and explanations provided for each lab.	
<b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b> <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>		<b>Total Points: 12</b> <b>Comments:</b> Great job correlating your patient's diagnoses with the diagnostic tests performed during the course of his hospital stay.	
<b>6. Correlate the patient's current diagnosis with all related</b>		<b>Total Points: 9</b>	

<p><b>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>Comments:</b> <b>Comments:</b> Nice job listing the patient's medications with appropriate rationales and correlations to the current diagnosis.</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: 4</b> <b>Comments:</b> Great job connecting your patient's past medical history with his current diagnoses.</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: 6</b> <b>Comments:</b> Nice job providing a prioritized list of nursing interventions performed for your patient and providing rationales for the interventions.</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: 6</b> <b>Comments:</b> Nice work identifying the members of the interdisciplinary team and explaining their roles in your patients' care. Additional members of the team and their roles provided as well.</p>
<p>Total possible points = 65 51-65 = Satisfactory &lt; 51 = Unsatisfactory</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>	<p><b>Total Points: 65/65 Satisfactory. BS</b> <b>Comments:</b> Izzy, you did a great job on the assignment. Keep up all your hard work! 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:** Isabella Riedy

**Date:** 2/11/2026

**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>5</b>
<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>5</b>
<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>5</b>
<b>Assessment Laboratory/Diagnostic Testing (5)*</b>	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.	<b>5</b>
<b>Actions (4,5)*</b>	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>5</b>
<b>Communication Prioritization (1,4,5,6)*</b>	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>5</b>

\*End-of- Program Student Learning Outcomes

			<b>TOTAL POINTS</b>	30/30
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**Faculty Comments:** Izzy, you did an excellent job giving hand-off report on your patient being very detailed and thorough.

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**Faculty Signature:** \_\_\_\_\_ Chandra Barnes, MSN, RN \_\_\_\_\_

**Date:** \_\_\_\_\_ 2/11/2026 \_\_\_\_\_

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	CB	N/A
<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) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, 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

\*End-of- Program Student Learning Outcomes

2026

<b>Skills Lab Competency 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/ BL/FB	AR	CB	BS/DW	BS/DW	AR
<b>Remediation: Date/Evaluation/Initials</b>	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