

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:																		
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	N/A	S	S	S	S	N/A	N/A										
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	N/A	N/A	S	S	S	N/A	N/A										
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	S	S	S	N/A	N/A										
e. Administer medications observing the seven rights of medication administration. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	N/A	N/A	S	N/A	S	N/A	NA										
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
Faculty Initials	AR	AR	AR	FB	FB	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
Competencies:																		
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										

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d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	N/A	N/A	N/A	S	S	S	N/A	N/A										
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	N/A	N/A	N/A S	S	S	S	N/A	N/A										
f. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)	S	S	S	S	S	S	N/A	N/A										
Faculty Initials	AR	AR	AR	FB	FB	FB												

*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) – One SDOH for one of the patients I saw was lack of support and lack of transportation. He was very nervous to get an IV and he did not have anyone with him. He said he was dropped off and he had to call when he was done because he had to schedule a ride through his insurance, which I assumed at that point he did not have his own reliable transportation. He mentioned he has a phobia of needles and had flashbacks, so I held his hand and tried talked with him to distract him while another student inserted the IV. He did fine and it was done quick and I felt he was grateful for that. He then felt embarrassed because he was so nervous. I felt sad for him because he did not have anyone there with him but that is why we as nurses need to go the extra mile to make the patient comfortable. *It sounds like you and your fellow student did an excellent job supporting this patient emotionally. Great job! AR*

WEEK 3 (2f) – An SDOH regarding Quality Assurance and Core Measures could be patients that have limited health literacy or may even struggle read in general. It is important to have the patient understand discharge instructions and be able to understand and recognize worsening symptoms and when to come back to the hospital. Another important aspect is if the patient is correctly taking medications and understanding what each medication does and/or is for. This is why it is important to have an interpreter if needed and/or using the teach back method. Using plain language and even visual aids can the patient understand and as always, allow questions. *Perfect examples and ways to address the problems. AR*

WEEK 4(2f) – There could be several SDOH regarding patient advocacy throughout the hospital because you talk to several patients on several different floors. One specifically today could be lack of assistance/support at the patient’s home. She mentioned she lived alone and did not have any form of transportation. She mentioned too she has a friend that can help once in a while, but it was rare. It seems like the patient did not have a lot of friends or family that could help and on top of all of that was confused by a lot of what was going to happen once she got discharged. The patient advocate did help answer any questions she could and then set her up with the nurse for follow up concerns, as well as case management. *Great example. There are so many who don’t have outside support systems. Knowing our area resources*

Week 4 (2e)- Satisfactory during Patient Experience clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” Great job! AR

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WEEK 5 (2f) – An SDOH for one patient this week would be lack of finances. He lived alone and was on a limited income and his prior ER/hospital visits were covered by the VA because he was in the military. He was concerned because he had fallen in his home and fractured his wrist and hurt his knee bad he was worried about getting around to places because he had no family or friends to help or paying for a service to get him around. He was also very concerned that made sure to call the VA to let him know he was there because in order to have his medical bills covered, the call had to have been made within 72 hours of admission. My nurse and I made sure to get that taken care of him but also we put him in touch with case management, and I did tell him with certain insurances such as Medicare may be able to arrange transportation for him if needed to appointments. **Finances are always a big concern for the less fortunate. Limited income and no family support can affect the outcome for this patient. If a patient is put in a position of paying for medications or health bills before buying groceries to survive they will sometimes try to make medications go further by taking a lesser dosage. 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 week with me having a lot of different patients, there were several SDOH that could apply in various situations. One that stood out to me was more of a positive one this time around. My patient was an 88 year old man who was in for some eye problems but seemed to have resolved while he was there but he had his two daughters with him the whole time. They asked a lot of questions and were very involved with him and his health. They advocated for him on several occasions and you do not typically see a lot of that at times, sure they may have family at the bedside, but these two daughters were very aware of his situation and would explain things to him so he could understand. I think this helped the patient feel more comfortable about his diagnosis and what the next steps were going to be for him because he had such a great support system. **A good support system is definitely a positive SDOH. Patients do not feel alone and supported in their health care journey. This can prevent depression when chronic illness start to appear. 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) – This week one a SDOH would be unemployment. My patient was fairly young but had to be on oxygen at all times and was unable to find stable work. She expressed her concern of not being able to find a job because of her having to be on oxygen at all times. She told me about how she has been in and out of the hospital for awhile and had some extensive health issues. She told me she tried to find a job that she could do online and work from home but was having a hard time in finding anything. I offered some suggestions and tried to give her some ideas of places she could try to apply that may allow her to work with her oxygen. **Financial issues are always a big concern, especially if the patient has to buy medications and pay for other needs related to the chronic health issues. Employers should not hold her need for oxygen against hiring, but if they offer insurance they may be hesitant. This puts the patient in a difficult situation. FB**

Week 7 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

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Week 4 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. Great job. AR
 Week 5 (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB
 Week 6 (3b) Great discussion regarding core measures, standardized protocols, and importance of documentation. (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
 Week 7 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of four assigned patients during this clinical experience. Keep up the great work! 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
Competencies:																		
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	S	S	S	N/A	N/A										
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	N/A	N/A	S	S	S	N/A	N/A										
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
Faculty Initials	AR	AR	AR	FB	FB	FB												

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

Comments:

WEEK 2 (4a) – One example of a legal/ethical issue regarding the Digestive Health clinical would be the involvement of nursing students in patient care without clearly confirming the patient’s understanding of consent for student participation, such as starting IVs. While we obtained verbal consent from all the patients, I could

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only wonder if something happened during the procedure or after sedation, what if there was a complication of some sort and they could come back and blame the nursing student for something because of “bad IV placement”. Things such as infiltration or possible nerve injury could occur, and it is important to obtain full consent and provide a full understanding of what the nursing student will be performing on the patient. **Interesting point and definitely one to think about. The consent patients sign for treatment, and the consent for the procedure itself should cover IV therapy as it is part of the process. I appreciate that you brought this topic up. AR**

WEEK 3 (4a) - An example of a legal/ethical issue regarding Quality Assurance & Core Measures could be refusal of treatment. Patients have the legal and ethical right to refuse treatment, especially if they are in their right state of mind. Even so for patients who are not and have a POA that make a decision that is hard because the decision could result in harm to the patient, simply because the POA may not understand what is going on with the patient. That is why communication and teach back methods are important. This could cause a conflict because when the healthcare team believes a treatment or intervention is necessary and the patient still refuses. It is important to honor the personal beliefs and/or preferences of the patient. I would imagine it is hard for people in Quality Assurance because while they have done everything and anything to want to help the patient and they still refuse and then end up coming back into the hospital for something now more severe could affect their numbers and reporting. **Great examples. It is often hard for healthcare personnel to accept a patient’s refusal; however we do have to honor their wishes and keep our personal feelings to ourselves. AR**

WEEK 4 (4a) – An example of a legal/ethical issues regarding the patient experience clinical today, could be when handling patient complaints and allegations, it may be hard when having to hear the patient report unsafe care, discrimination or even unprofessional behavior from the staff. The advocate still must ethically support the patient while still having to follow hospital procedures/protocols. The patient advocate mentioned today how much of a rapport she has built with the nurses and doctors and if she would ever get a complaint about them, I could see how it might be hard to not want to report it. **This is a good topic of conversation regarding ethical impact with this role. You are exactly correct. Thanks for bringing this up. AR**

WEEK 5 (4a) - An example of a legal/ethical issue regarding my patient management experience is wasting of a narcotic in a timely manner so you don’t forget. The nurse and I had to waste several drugs with another nurse but one was a controlled substance/narcotic. This could lead to a legal issue had the nurse maybe forgot because she put in her pocket and forgot about it because she got busy. This could lead to violation of hospital policy, legal issues such as a violation of a controlled substance not prescribed to him/her. This also could violate the code of ethics, and the nurse could potentially lose his/her license. **Great example, wasting of medications should be done immediately, if the nurse puts a narcotic in her pocket and takes the medication home it could end up in the wrong hands. Another issue that arises is the nurse being in danger of speculation that she is misusing or engaging in illegal activity. This would result in losing their license. FB**

WEEK 6 (4a) – An example of a legal/ethical issue regarding my patient this week would be that fact that he had several DVTs in his leg and was waiting on a procedure for several days now. He already had a prior stroke along with several other health issues. Every time I went in his room he was asking if they were going to do the surgery and he was worried because no one was coming in and telling him anything about the surgery. His right leg was extremely swollen and he was in pain. I could see if something happened and these cause clots did kick and something happened to this man such as another stroke or even worse because of the severity of these clots, there could defiantly be a lawsuit, and some might say the doctors could be negligent. Even if there was a reason, they were not doing the procedure, that should have been communicated to the patient. He was left NPO for over 14 hours in hopes of this surgery, but the doctors never got to him in a timely manner to let him know it was not happening, so we quickly got him some food and continued to make him comfortable. **Communication is very important and it contributes to patient satisfaction. If the physician could not physically get to the bedside, he could have provided a message to the nurse so they could provide some information to the patient. FB**

WEEK 7 (4a) – An example of a legal/ethical issue this week would be that there was a code blue in the ER and it was said that the patient was there for a stress test and coded. There could be many issues with this had this been the actual case. It will be looked into by family I am sure if all the precautions and if all prescreening was

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done properly. I would hope an assume a consent form would have been signed but just goes to show how things can happen so quickly and maybe he did have an underlying problem that could have been triggered by the stress test. **I am sure the stress test was ordered because there was suspicion of a cardiac issue. The stress test is ordered to determine is there is a lack of blood flow to the heart during stress, or to induce symptoms the patient might have been expressed to their health care provider. FB**

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																		
5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:																		
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	N/A S	S	S	S	S	N/A	N/A										
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	N/A	S	S	S	S	N/A	N/A										

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e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	N/A	N/A	S	S	S	N/A	N/A										
f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. (Responding & Reflecting)	S	N/A	N/A	S	S	S	N/A	N/A										
Faculty Initials	AR	AR	AR	FB	FB	FB												

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– Excellent in all areas. Student goals: “Looking up meds and what they are for regarding the patient. I got to give a lot of different meds and want to be more familiar with them.” Additional RN comments: “Jessica was very helpful and willing to learn. We were able to go over PCA pumps and different charting parts and doses. Also a new IV attempt was tried as well. She remained very professional and will be great!” MH/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/10/2026– Excellent in all areas. Student goals: “Continue to take more patients and continue to get better passing meds and reading orders. Understanding different diagnostics.” No additional Preceptor comments. NM/FB Reported on by assigned RN during clinical rotation 2/11/2026- Excellent in all areas. Student goals: “Be able to navigate in Meditech better and looking up orders and viewing things related to patient. “No additional preceptor comments. CB/FB

Week 7 (5a)- Reported on by assigned RN during clinical rotation 2/17/2026– Satisfactory in all areas, except excellent for manager of care: communication skills, and member of the profession: Demonstrates professionalism in nursing. Student goals: “Better communication with the nurse of when assessments are done. It was difficult to find nurse to tell her.” Additional Preceptor comments: “Well organized and good time management with patients.” VS/FB Reported on by assigned RN during clinical rotation 2/18/2026- Excellent in all areas. Student goals: “Be more confident inputting IV’s and always seek out more opportunity to learn.” Additional preceptor comments: “Jessica was eager to learn and help out, we were able to assess chest tubes, and med pass went smooth this morning. She remained very professional and will be a great nurse!” MH/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
Competencies:																		
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
d. Deliver effective and concise hand-off reports. (Responding) *	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A										
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	N/A	N/A	N/A	S	S	S	N/A	N/A										

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f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	N/A	S	S	S	S	S	N/A	N/A										
Faculty Initials	AR	AR	AR	FB	FB	FB												

***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. Keep up the good work. AR
 Week 4 (6c,f)- Satisfactory discussion via CDG postings related to your Patient Experience and Quality Scavenger Hunt clinicals. Keep up the great job! 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. No additional RN comments.
 (6f)- Satisfactory CDG posting related to prioritization and your patient management clinical experiences this week! Keep up the great work! FB
 Week 7 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) Great job with determining an educational plan for one of your assigned patients. Educational plan was thorough with all areas of CDG expectations met. 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
Competencies:																		
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	N/A	S	S	S	S	N/A	N/A										
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	N/A	N/A										
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	N/A	S	S	S	S	N/A	N/A										

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Faculty Initials	AR	AR	AR	FB	FB	FB												
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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 related to your Patient Experience clinical. 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
 Week 7 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
 Care Map Grading Rubric

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

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	related/relevant data from the Noticing boxes that support the top priority nursing problem.						
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete		
Reference							
An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory						Total Points:	

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.			Faculty/Teaching Assistant Initials:		
Student must submit a satisfactory care map for 2 attempts. If not satisfactory after 2 attempts, the student must meet with course faculty for remediation.					
Faculty/Teaching Assistant Comments:	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>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically 	<p>Total Points: Comments:</p>

<p>expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</p> <ul style="list-style-type: none"> • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) 	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points:</p> <p>Comments:</p>

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

Student Name: _____ **Date:** _____

Must complete satisfactorily during 4 Tower debriefing.

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

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to	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	

*End-of- Program Student Learning Outcomes

	treatment).		adequate and clear picture of the patient's situation.	
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	
Communication Prioritization (1,4,5,6)*	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	

Faculty Comments: _____

Faculty Signature: _____ **Date:** _____

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

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

*End-of- Program Student Learning Outcomes

3/20/2026	(Med-Surg) (*1, 2, 6)	SBAR, and Post Quiz			
Date: 3/26/2026	vSim (Kenneth Bronson) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 4/6/2026	vSim (Carl Shapiro) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 4/6/2026	Comprehensive Simulation (*1, 2, 3, 5, 6, 7)	Scenario			
		Survey			

* Course Objectives

Comments:

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

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document <small>(1.6)*</small>	Physician Orders/SBAR <small>(1.5,6)*</small>	Prioritization/Delegation <small>(1.2,5,6)*</small>	Resuscitation <small>(1,5,6)*</small>	IV Start <small>(1.6)*</small>	Blood Admin./IV Pumps <small>(1,2,6)*</small>	Central Line/Blood Draw/Ports <small>(1,6)*</small>	Head to Toe Assessment <small>(1,6)*</small>	ECG/Hand-off report/CT <small>(1,6)*</small>	ECG Measurements <small>(1,6)*</small>
	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	CB/BS	BL	AR	FB/BS/BL/CB	AR	CB	BS/DW	BS/DW	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, vital signs, and feeding method. Great job! FB

Physician Orders/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You demonstrated satisfactory performance in all four lab activities, including patient prioritization, assigning tasks to the appropriate provider role (RN, LPN, and UAP), prioritizing nursing interventions, and identifying appropriate patient assignments for both the RN and LPN. You successfully prioritized care for multiple patients using established frameworks such as Maslow's hierarchy of needs, ABCs, and the nursing process. You appropriately delegated nursing tasks and actively participated in group discussions related to delegation and clinical decision-making. Great job! BL

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/CB/BS/BL

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change/Ports/Blood Draw: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

*End-of- Program Student Learning Outcomes

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! DW/BS

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of

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

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

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

Student eSignature & Date:

ar 12/12/2025