

**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	NA	S	S	S	NA	NA										
a. Manage complex patient care situations with evidence of preparation and organization. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
b. Assess comprehensively as indicated by patient needs and circumstances. <b>(Noticing)</b>	S	S	NA	S	S	S	NA	NA										
c. Evaluate patient's response to nursing interventions. <b>(Reflecting)</b>	S	S	NA	S	S	S	NA	NA										
d. Interpret cardiac rhythm; determine rate and measurements. <b>(Interpreting)</b>	NA	NA	NA	S	S	S	NA	NA										
e. Administer medications observing the seven rights of medication administration. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA										
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. <b>(Responding)</b>	NA	S	NA	NA	NA	S	NA	NA										
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. <b>(Responding)</b>	S	NA	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												
<b>Clinical Location</b>	Patient Experience	Digestive Health	No Clinical	4 North FRMC	3 Tower FRMC	3 Tower FRMC	No Clinical	No Make up										

**Comments:**

Week 3 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

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

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

Week 7 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for three to four patients during this clinical rotation. FB

\*End-of- Program Student Learning Outcomes

**Objective**

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	NA	S	S	S	NA	NA										
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	NA	S	S	S	NA	NA										
b. Monitor for potential risks and anticipate possible early complications. <b>(Noticing, Interpreting, Responding)</b>	S	S	NA	S	S	S	NA	NA										
c. Recognize changes in patient status and take appropriate action. <b>(Noticing, Interpreting, Responding)</b>	S	S	NA	S	S	S	NA	NA										
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	NA	NA										
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
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	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

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

\*End-of- Program Student Learning Outcomes

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

**Comments:**

**Week 2 F:** At my clinical site this week I got to check in with a couple of patients when my preceptor did her rounds for the day. One major social determinate of health that was mentioned was the lack of healthcare on Put in Bay Island. The patient was worried before getting to the hospital that since it was raining out that the helicopters would not be able to get her there in time. She also mentioned that when it comes to getting medications, it is hard to receive them since they are in the off season. Which then causes the boats not to run until late spring into summer. **This is an excellent example and I am sure this causes many people a lot of stress and anxiety. Thank you for discussing this. AR (2e)- Satisfactory during Patient Experience clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.” Keep up the great work. AR**

**Week 3 F:** At my clinical site this week in digestive health I noticed a couple different factors that played a major role in some patients not receiving their care that day due to not having adequate rides there or for pickup that day. This tells me that they potentially have physical or mental disabilities where they would not be able to operate a vehicle to get to their procedure. The other reason for this could be due to financial restraints, maybe they didn't have a car to get to the facility to receive the care they needed. I believe since it was very cold out a lot of people lost their rides due to the weather. **Very sad yet all too frequent examples. Even with community resources many can't or don't take advantage of the assistance. AR**

**Week 5 F:** At my clinical site this week on 4 North one major social determinant of health related to my patient was that he was being denied surgery and access to a skilled nursing facility. This was due to the patient's condition and that his condition was far too complicated. They also denied his stay at the skilled nursing facility in Lorain due to him not being able to walk well and being on fluids. This was sad to see since he had multiple chronic illnesses associated with his health that required a higher level of care. **This is very sad, if the case was too complicated to be done at FRMC, I wonder if a larger facility would perform the surgery. If the patient's prognosis is extremely high risk of not surviving the surgery, hospice or palliative care might be an option. FB**  
**Week 5 (2d)- This competency was changed to a “S” because you are determining a plan of care using the knowledge that you have and implementing the plan of care through the care you provide and the interventions you perform. (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB**

**Week 6 F:** At my clinical site this week on 3 Tower a social determinant of health that I witnessed with one of my patients was social and community context. She lived at home alone and she had a disabled daughter that was in a group home which was causing her to have a large amount of stress. She had stated multiple times while being in the hospital that she is always worrying about her and that she had guilt that she couldn't care for her. This gave my patient increased anxiety and depression. **Great example anxiety, stress, and depression can play a bigger role in our health than most people are aware of. Sometimes just taking the time to listen to patients can help. Remember therapeutic communication can do wonders for a patient. If she lives alone, she might not have anyone to voice her concerns to. 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 F:** At my clinical this week I had a wide variety of patients that I took care of due to having many discharges throughout both days. One patient that stood out the most that relates to having major social determinants of health was my patient that was disabled. She had major neurological deficits which was my major focus with her when providing care for the day. She came in with a UTI due to the lack of care being provided where she was living before. Even though she was a hard

patient to get tasks done with, we were able to keep her well taken care of throughout the day taking multiple people each time. I could see why maybe the people that were caring for her before may have been overwhelmed and possibly neglected the patient due to burnout. Patients with multiple health issues that need intensive care can be very difficult to care for, but that does not mean they are to be neglected. Hopefully in the future the patient will get the care they need and deserve. 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
<b>Competencies:</b>	S	S	NA	S	S	S	NA	NA										
a. Critique communication barriers among team members. <b>(Interpreting)</b>	S	S	NA	S	S	S	NA	NA										
b. Participate in QI, core measures, monitoring standards and documentation. <b>(Interpreting &amp; Responding)</b>	S	S	NA	S	S	S	NA	NA										
c. Discuss strategies to achieve fiscal responsibility in clinical practice. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
d. Clarify roles & accountability of team members related to delegation. <b>(Noticing)</b>	S	S	NA	S	S	S	NA	NA										
e. Determine the priority patient from assigned patient population. <b>(Interpreting) (Patient Mgmt.)</b>	S	S	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

**Comments:**

Week 2 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and CDG posting. Keep up the great work. AR

Week 3 (3b)- Satisfactory with Quality Assurance/Core Measures assignment and discussion via CDG posting. Good work. 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 (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! F

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	NA	S	S	S	NA	NA										
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)																		
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	NA	S	S	S	NA	NA										
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

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

**Comments:**

**Week 2 A:** One legal and ethical issue I observed at my clinical site was potentially with a patient that wasn't pick slipped and was trying to leave and the family wasn't sure if that was the best idea for them. So, the family was trying to get heavily involved into trying to get him pink slipped so that he could not just check himself out at this time. They wanted to make sure that their son was being properly medicated before he had left the hospital. Ultimately it is not up to the parents since the patient was 23 years old so if he were in his right mind and doctors were okay with it he would be able to leave no matter what the families wishes were. This is a perfect example with both legal and ethical concerns. I am not sure if this was a mental health type of issue or a physical one. If it was mental health than I can only imagine the fear the family had for their son's safety and well-being. AR

**Week 3 A:** One legal and or ethical issue that could potentially pop up during the digestive health clinical would be improper paperwork. I noticed that one of the doctors when interviewing the patients right before the procedure he would go over an informed consent with them. There were multiple times where the staff had either placed the wrong provider on the document and or there was none in the room when they were in the room. It is crucial for documents to be verified and viewed over carefully to make sure the team is covered legally in case something were to happen during the procedure that maybe they were not aware of. Informed consent is vital to our patient's safety and rights, and is ultimately the providers responsibility to fill out and explain it. It seems like you witnessed several different levels of concern. AR

**Week 5 A:** One legal or ethical issue I saw during my clinical experience this week was one of the patients I took care of throughout the day had complaints of certain respiratory therapists that he received care from. The patient stated that he experienced high levels of pain from them as they provided trach care during the night for him. He stated that they were being way too rough when suctioning and when they continued nothing changed, he claimed. This was a topic for his nurse to get patient advocacy involved so that the patient could receive better care at night and so that other patients could receive better care moving forward. The quality of care one receives can impact the satisfaction scores for the hospital. It is always important to listen to the patient and treat them as if it were our loved one. FB

\*End-of- Program Student Learning Outcomes

**Week 6 A:** One legal issue that I could have potentially seen was with my patient on 3 tower and how she had complained to me that either the officer or security guard forced her into his vehicle and brought her to the hospital as she claimed. Now she was a bit confused and probably more confused at the time of her arriving to the hospital but still the way she described it made me wonder if they were a little rough with her. They also had her pink slipped when bringing her into the hospital due to her high confusion with her UTI that she had. This could definitely be a legal issue, but you must take into consideration the mental state of the patient and if there were safety issues related to herself or others. If she had a high level of confusion she might distort the actual event, but it is how she perceived it at the time. The main point is her safety. FB

**Week 7 A:** One legal issue that I saw during my clinical experience was that one of my patients had major neurological deficits and was potentially neglected in her home before her arrival to the unit. She was being treated for a UTI and had a history of being mentally disabled. This is a case that I could see how neglect could set in, it took almost 3-4 nurses / PCTs to provide care each time and I know on a regular basis at home life that usually isn't what is readily available. Great example, it can be difficult to care for patients with complex needs, but the patient deserves to receive the care needed to keep them safe. 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
<b>Competencies:</b>	S	S	NA	S	S	S	NA	NA										
a. Reflect on your overall performance in the clinical area for the week. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
b. Demonstrate initiative in seeking new learning opportunities. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. <b>(Interpreting)</b>	S	S	NA	S	S	S	NA	NA										
d. Maintain the principles of asepsis and standard/infection control precautions <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
e. Practice use of standardized EBP tools that support safety and quality. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. <b>(Responding &amp; Reflecting)</b>	S	S	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

**Comments:**

Week 3 (5c)- Satisfactory with Quality Assurance/Core Measures assignment and 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: “Take on more patients next time.” Additional RN comments: “Aaron was very assertive and eager to learn! Great with the patients and shows much confidence in his skills. Very happy to be working and teaching him today!!” JW/FB

Week 6 (5a)- Reported on by assigned RN during clinical rotation 2/10/2026– Excellent in all areas, except satisfactory in for provider of care: collection/documentation of data and manager of care: delegation. Student goals: No student goals were provided, remember to provide a student goal for each clinical experience. Additional Preceptor comments: “Aaron did very well staying on top of everything and completing tasks.” JR/FB Reported on by assigned RN during clinical rotation 2/11/2026- Excellent in all areas. Student goals: “Take time to chart and be faster with nursing skills.” Additional preceptor comments: “Student did excellent today! He was able to complete vitals, assessments, and patient rounds alone and at the correct time.” JR/FB

\*End-of- Program Student Learning Outcomes

Week 7 (5a)- Reported on by assigned RN during clinical rotation 2/17/2026– Satisfactory in all areas, except excellent for provider of care: collection/documentation of data, manager of care: communication skills, and member of the profession: Demonstrates professionalism in nursing. Student goals: “take four patients and work on time management.” Additional Preceptor comments: “Student was well organized with med and patient care that needed done. Kept up with charting in a timely manner. Asked questions when appropriate to the matter at hand. and good time management with patients.” DM/FB Reported on by assigned RN during clinical rotation 2/18/2026- Satisfactory in all areas, except excellent in for provider of care: demonstrates prior knowledge of departmental/nursing responsibilities, manager of care: communication skills, and member of profession: demonstrates professionalism in nursing. Student goals: “Help others more throughout the day when I’m all caught up.” Additional preceptor comments: “Aaron provides safe and very attentive care to patients. He communicates well with his patients and staff. He safely performed the patients rights, dose and patient with each med pass. Aaron is managing his time well, takes feedback well and actively participates in all patient care. He is doing exceptional work.” CB/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
<b>Competencies:</b>	S	S	NA	S	S	S	NA	NA										
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>	S	S	NA	S	S	S	NA	NA										
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
d. Deliver effective and concise hand-off reports. <b>(Responding) *</b>	NA	NA	NA	NA	S	S	NA	NA										
e. Document interventions and medication administration correctly in the electronic medical record. <b>(Responding)</b>	NA	NA	NA	S	S	S	NA	NA										
f. Consistently and appropriately posts in clinical discussion groups. <b>(Responding and Reflecting)</b>	S	S	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

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

**Comments:**

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

Week 3 (6f)- Satisfactory with Quality Assurance/Core Measures discussion via CDG posting. Good 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. Additional RN comments:

“Student did very well! Report was very informative and included all pertinent information.” JR/FB (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

\*End-of- Program Student Learning Outcomes

<b>Objective</b>																		
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	NA	S	S	S	NA	NA										
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	NA	S	S	S	NA	NA										
c. Comply with the FRMCSN “Student Code of Conduct Policy.” <b>(Responding)</b>	S	S	NA	S	S	S	NA	NA										
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	NA	S	S	S	NA	NA										
<b>Faculty Initials</b>	<b>AR</b>	<b>AR</b>	<b>AR</b>	<b>FB</b>	<b>FB</b>	<b>FB</b>												

**Comments:**

Week 2 (7a)- Satisfactory discussion posting related to your Patient Experience clinical. Good work. AR  
 Week 3 (7b)- Satisfactory with Quality Assurance/Core Measures assignment and discussion via CDG posting. Keep up the good work. 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

\*End-of- Program Student Learning Outcomes

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
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

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		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete		

### Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

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

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

**Faculty/Teaching Assistant Comments:**

**Total Points:**

**Faculty/Teaching Assistant Initials:**

Care Map Evaluation Tool\*\*  
AMSN  
2026

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

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

Comments:

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

**Student Name:**

**Clinical Date:**

<p><b>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• Current Diagnosis (2)</li> <li>• Past Medical History (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology-what is happening in the body at the cellular level (6)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's signs and symptoms included (2)</li> <li>• Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)</li> <li>• Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant lab result values included (3)</li> <li>• Rationale provided for each lab test performed (3)</li> <li>• Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</b></p> <ul style="list-style-type: none"> <li>• All patient's relevant diagnostic tests and results included (3)</li> <li>• Rationale provided for each diagnostic test performed (3)</li> <li>• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3)</li> <li>• Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>6. Correlate the patient's current diagnosis with all related</b></p>	<p><b>Total Points:</b></p>

<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></p>
<p><b>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</b></p> <ul style="list-style-type: none"> <li>• All pertinent past medical history included (2)</li> <li>• Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions provided for patient prioritized and rationales provided (6)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p><b>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</b></p> <ul style="list-style-type: none"> <li>• Identifies all interdisciplinary team members currently involved in the care of the patient (2)</li> <li>• Explains how each current interdisciplinary team member contributes to positive patient outcomes (2)</li> <li>• Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)</li> </ul>	<p><b>Total Points:</b> <b>Comments:</b></p>
<p>Total possible points = 65 51-65 = Satisfactory &lt; 51 = Unsatisfactory</p> <p><b>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:</b> <b>Comments:</b></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.**

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

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

\*End-of- Program Student Learning Outcomes

			<b>TOTAL POINTS</b>	
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**Faculty Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Advanced Medical Surgical Nursing 2026  
Simulation Evaluations

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

AMSN

2026

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

**\*Course Objectives**

**Comments:**

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

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

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

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

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

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

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

\*End-of- Program Student Learning Outcomes

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

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

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

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

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

Student eSignature & Date:

ar 12/12/2025