EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: | Cathryn Palagyi | **Final Grade: Satisfactory/Unsatisfactory**

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
1/23/2026	1H	Quality Assurance/Core Measures Assignment	1/28/2026 1H

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

<h1 style="text-align:center">PERFORMANCE CODE</h1>

<u>**SATISFACTORY CLINICAL PERFORMANCE**</u>

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.

<u>**UNSATISFACTORY CLINICAL PERFORMANCE**</u>

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.

<u>**OTHER**</u>

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)**	N/A	N/A	N/A	S	S	S	N/A	N/A										
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	N/A	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)**	N/A	S	N/A	N/A	N/A	S	N/A	N/A										
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**												
Clinical Location	N/A	DH	N/A	PM-3T	PM-3T	PM-3T	PE/ Scavenger Hunt	N/A										

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 four patients during this clinical rotation. FB
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting
*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										
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting) ***	N/A	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										
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)**	N/A	S	N/A	S	S	S	S	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.

*End-of- Program Student Learning Outcomes

Comments:

Week 3 2f: Factors associated with Social Determinants of Health (SDOH) observed in the Digestive Health clinical setting include access to reliable transportation and health literacy. Patients are required to have a ride to and from their procedure due to anesthesia and must arrive an hour early, which can be challenging for individuals without nearby family, social support, or dependable transportation. Limited access to these resources may lead to canceled or delayed procedures. Additionally, understanding pre-procedure requirements is a critical SDOH factor. Patients must correctly follow bowel preparation instructions and arrive on time for necessary pre-procedure tasks such as IV placement and medical clearance. Limited health literacy, language barriers, or cultural differences may affect a patient's ability to fully understand and comply with these instructions, potentially impacting the safety and effectiveness of care. These are great examples of what can, and unfortunately does, occur due to individual's limited resources. Thanks for the thoughts and information. AR

Week 5: Factors related to social determinants of health that influenced my patient's care included limited access to post-acute care services and challenges with support and health literacy. My patient experienced a prolonged hospital stay due to the lack of availability of skilled nursing facilities or care centers that accepted her insurance, resulting in delays while waiting for placement and insurance approval. Additionally, my patient lacked adequate support and independence in managing her medications at home, as she did not administer her own medications and relied on her daughter-in-law to manage them. These factors influenced my patient's care by complicating discharge planning, increasing hospitalization length, and raising concerns for medication adherence, safety, and the risk of readmission. Great example, unfortunately insurance dictates a lot of health care delivered. It is important to have family support but the support needs to be reliable. The patient should also be involved in their own care for their own safety. FB
Week 5 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. (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. FB

Week 6 2f: Several Social Determinants of Health affect this patient's care, including cognitive impairment from dementia, limited ability to understand medical instructions, and communication challenges between the patient and his family. Inadequate caregiver support and limited health literacy within the family have contributed to difficulties managing the patient's diabetes and administering daily medications. These factors ultimately led to the patient being deemed incompetent, creating additional barriers to providing consistent and effective care. Dementia definitely hampers the ability to understand and retain pertinent information for positive patient outcomes. It also hampers communication to the patient. Great example of a determinant that can affect the health of this patient. 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: During my clinical experience on 4N this week, several Social Determinants of Health (SDOH) were identified that could impact patients care. Many patients needed education about new diagnoses such as diabetes and stroke and had difficulty understanding their condition, medication, and lifestyle changes associated to their new found condition. Limited health knowledge can affect medication adherence as well as increasing the risk of complications and possible readmission. Some patients also had trouble performing ADLs which made it harder to manage their overall health at home independently. In addition, challenges with managing medications independently were observed, such as confusion about the purpose of certain medications and the scheduling. These factors all show the importance of clear patients education, support system available, and proper discharge planning to help improve outcomes. Great examples, health care literacy can and does affect a patient's health status. If the patient does not understand what is being communicated to them or the importance of lifestyle changes or medication compliance it usually results in negative patient outcomes with many hospitalizations. Educating patients on their level of understanding is very important and having them tell you in their own words what they understand from the education provided is very beneficial. A good support system is great for positive patient outcomes so the patient does not develop a sense of loneliness or poor self-worth. FB

*End-of- Program Student Learning Outcomes

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

Week 8 2f: Several Social Determinants of Health (SDOH) and cultural factors can significantly influence patient care, particularly when patients are unable to speak English or have difficulty understanding it. Language barriers can lead to miscommunication, misunderstanding of diagnoses, improper medication use, inability to provide informed consent, and decreased engagement in care, all of which increase safety risks. Limited health literacy may further impact a patient's ability to follow treatment plans, understand discharge instructions, and manage chronic conditions. Cultural beliefs and practices can also influence how patients perceive illness, express pain, make healthcare decisions, and accept certain treatments. Additionally, socioeconomic factors such as financial instability, lack of transportation, or limited access to resources may affect follow-up care and medication adherence. The availability of interpreter devices on each unit helps reduce communication barriers, promotes patient safety, supports informed decision-making, and ensures more equitable, culturally competent care.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
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	S	N/A	N/A	N/A	N/A	S	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										
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 content per CDG posting related to your Quality Assurance/Core Measures experience. You will need to complete the 1 hour assignment for this observation. 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! FB

*End-of- Program Student Learning Outcomes

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)**	N/A	S	N/A	S	S	S	S	N/A										
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	N/A	N/A	N/A	S	S	S	S	N/A										
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	~~N/A~~ U	S	N/A	S	S	~~S~~ U	S	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 (4c)- You have received an unsatisfactory for this competency due to submitting your clinical tool past the due date/time. Refer to the directions at the beginning of this tool regarding how to address this "U" and be sure to include for Week 3. AR

Week 3 4a: A legal and ethical issue observed in the Digestive Health clinical setting involved patient privacy during post-procedure recovery. Patients were often returned to the recovery area with their curtains left open to allow for easier monitoring and rounding however, this practice compromised patient privacy and confidentiality. Open curtains and the use of curtains instead of private rooms with doors increased the risk of visual and auditory exposure to others, potentially violating HIPAA standards and ethical principles of dignity and confidentiality. While patient safety and observation are important, healthcare providers must balance these needs with protecting patients' rights to privacy, especially during vulnerable recovery periods. It's up to all of us to assure patient safety and privacy at all times. Great example. AR

*End-of- Program Student Learning Outcomes

8

Week 3 4c: In the following weeks, to demonstrate professional behavior and responsibility, I will set consistent reminders to ensure my clinical tool is completed accurately and submitted on time every Friday at 0800. This approach will help me stay organized, manage my time effectively, and maintain accountability for meeting clinical requirements and expectations. Thank you. Good plan. AR

Week 5: During my clinical experience, I observed a legal and ethical concern related to the documentation of patient blood glucose levels. Blood sugar readings were often not entered into the electronic health record, and many PCTs documented the values only on the patient whiteboard. As a result, the nurse would have to enter the blood sugar by looking in the chemistry/labs section and hope that the glucose monitor had been docked to transmit the value into the patient's chart, which was not always the case. This practice is problematic because the EHR is the official legal record of patient care and missing or delayed documentation can lead to incomplete records and potential legal liability. Ethically, this poses patient safety risks, as nurses and providers rely on accurate blood glucose documentation to make treatment decisions, such as insulin administration, and dependence on whiteboards or incomplete lab data increases the risk for errors. This is a great example, the process should be the same for all staff that are responsible for implementing this intervention. A medication error could easily be made if the nurse administering the insulin does not have the correct blood glucose result. FB

Week 6 (4a): One legal and ethical issue observed in the clinical setting involved a patient's family member looking over a nurse's shoulder while charting. This situation poses a significant risk to patient confidentiality, as the family member could view protected health information such as patient names, diagnoses, or treatment details that they are not authorized to see. Even unintentional exposure of this information constitutes a potential HIPAA violation. This behavior violates ethical principles of privacy, confidentiality, and respect for patient autonomy, as patients trust healthcare providers to protect their personal health information. Healthcare professionals are legally and ethically obligated to take proactive steps to prevent these breaches by maintaining awareness of their surroundings, positioning computer screens away from public view, logging out of electronic health records when not actively in use, and educating family members about privacy boundaries. Addressing these issues promptly helps maintain trust, protects patient rights, and ensures compliance with legal and ethical standards of care. Yes, this is a big HIPAA violation, the patient must give consent for information to be given. Looking at the chart is not within the rights and even patients must access their own information through the patient portal or request records through the medical records department. FB

Week 7 (4a): During clinical this week, a legal and ethical issue was observed involving a 22- year-old patient whose father was requesting information about their care. Because the patient is an adult, sharing medical information without their consent would violate privacy laws such as HIPPA and breach patient confidentiality. This situation highlights the importance of respecting patient autonomy and ensuring that health information is only shared with individuals the patient has authorized. Even when family members are involved or concerned, nurses must first clarify with the patient who they want to receive information about their diagnosis, treatment, and plan of care. Failing to do so could result in legal consequences and damaged trust between the patient and the healthcare team. This experience reinforced the need to a advocate for patient rights while maintain professional and ethical standards. Great example, HIPAA violations are very important and only individuals that are given the right to information should be given the information. It is always a good idea to ask the patient if it's okay to share information and if the patient can not respond than check the chart. Family members always like to stop nurses in the hallway and ask for information, always check first and if not able to check at that moment politely tell them that you will get back to them shortly. FB

Week 7 (4c) This competency was changed to a "U" because you did not submit the correct tool on time. Make sure you are being thorough and submitting the tool that you received back from the instructor the previous week. You will need to address this "U" as stated at the beginning of the evaluation tool. You must explain how you will ensure this does not occur again. **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. FB**

Week 8 (4c): Thank you for the feedback regarding the "U" on this competency. I understand this was because I submitted the wrong evaluation tool and did not use the updated version that was returned the previous week, and I take full responsibility for that mistake. To ensure this does not happen again, I will carefully download and

*End-of- Program Student Learning Outcomes

review the most recent version of the evaluation tool as soon as I receive it, compare it with any previous versions to confirm I am using the correct document, and clearly

label each clinical tool with the appropriate week and date to avoid confusion. Before submitting, I will double-check that the correct and most up-to-date version is attached. By improving my organization and review process, I will ensure this competency is met at a satisfactory level moving forward.

Week 8 (4a): One significant ethical and legal issue observed in the clinical setting involves situations where a patient experiences confusion, altered mental status, or memory distortion and later reports events that did not occur. In the example described, the patient believed she had been locked in a basement room with a red couch, which was later determined to be a result of confusion. Ethically, this situation raises concerns related to patient autonomy, beneficence, and nonmaleficence. Healthcare providers have a duty to ensure patient safety while also respecting the patient's perceptions and concerns. When a patient is confused, it is essential to assess for delirium,

medication effects, infection, or other contributing factors and document findings thoroughly. Legally, such scenarios can lead to formal investigations, allegations of misconduct or claims of false imprisonment or neglect if documentation and communication are inadequate. Even when no wrongdoing has occurred, lack of clear charting, failure to involve interdisciplinary teams, or absence of objective assessments can place staff and the institution at risk. This example highlights the importance of timely cognitive assessments, clear documentation, use of witnesses when appropriate, effective communication with patient advocates and family members, and maintaining professional transparency to protect both patient rights and healthcare providers.

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

*End-of- Program Student Learning Outcomes

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

Comments:

Week 3 (5c)- Satisfactory discussion, with included content, related to your Quality Assurance/Core Measures experience. AR

Week 5 (5a)- Reported on by assigned RN during clinical rotation 2/3/2026– Excellent in all areas. Student goals: "Be more confident in medication administration and assessment of patient as well as explaining aspects of nursing being provided." No additional RN comments. JF/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: demonstrates prior knowledge of departmental/nursing responsibilities and manager of care: communication skills and delegation. Student goals: "Become more confident in delegation of patient care." Additional Preceptor comments: "Manages time well, and has very good bedside manner!" KF/FB Reported on by assigned RN during clinical rotation 2/11/2026- Excellent in all areas, except satisfactory for provider of care: demonstrates prior knowledge of departmental/nursing responsibilities, manager of care: delegation. Student goals: "Get better of continually updating nurse about current patient condition and new findings when assessing patient. This will help with care being provided to the patient and that adequate measures are being taken." No additional preceptor comments." KF/FB

Week 7 (5a)- Reported on by assigned RN during clinical rotation 2/17/2026– Excellent in all areas. Student goals: "Get better time management of patient care, medications, and delegation." Additional Preceptor comments: "Cathryn did a great job today! She is very knowledgeable about her patients care needs. She takes great initiative and is eager to learn. Great bedside manner, she asks great questions. It was a pleasure working with Cathryn today!!" JW/FB Reported on by assigned RN during clinical rotation 2/18/2026- Excellent in all areas. Student goals: "Become more confident in teaching patient and providing education pertinent to care and diagnosis." Additional preceptor comments: "Cathryn has demonstrated excellent physical assessment and medication administration skills a well as thorough wound care. She built great rapport with her patients. Excellent work today!" SV/FB

*End-of- Program Student Learning Outcomes

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**

*End-of- Program Student Learning Outcomes

Competencies:								
a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	N/A	N/A	N/A	S	S	S	S	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)**	N/A	N/A	N/A	S	S	S	S	N/A
d. Deliver effective and concise hand-off reports. **(Responding)** *	N/A	N/A	N/A	S	S	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
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	N/A	~~S~~ U	~~N/A~~ S	~~S~~ NI	S	S	S	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)- While the content of your CDG posting was accurate and complete, you did not include an in-text citation or reference. Per the CDG Grading rubric, this results in an unsatisfactory evaluation. Please address this U on Week 4's tool. Thank you. AR

Week 4 (6f)- CDG resubmitted including in-text citation/reference. To prevent this in further CDG posting I will review content and rubric regarding the CDG postings and make sure that postings re accurate and precise. Thank you! I have changed your NA to Satisfactory due to you addressing the unsatisfactory from Week 3. AR

Week 5 (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. (6f) This competency was changed to a "NI" because you provided an in-text citation but the reference you provided was not for the in-text citation. The reference should be referring to the in-text citation that you provide in the CDG. FB

Week 6 (6f): To correct this in the future, I will carefully review the rubric to ensure all required information is included in the CDG before submission. I will also have someone proofread my work to confirm that all necessary details are clearly addressed. This was a simple mistake that can be prevented by slowing down, thoroughly reviewing my work, and taking the time to ensure completeness prior to submitting. It is always a good idea to double check your work and take your time. You will also want to keep this in mind when reading orders and following up with patient care. 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: "Cathryn does a very good job of managing her time. She is very confident and communicates very well with staff and the patients." KF/FB (6f)- Satisfactory CDG posting related to prioritization and your patient management clinical experiences this week! Keep up the great work! FB

*End-of- Program Student Learning Outcomes

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)**	N/A	S	N/A	S	S	S	S	N/A										
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	N/A	S	N/A	S	S	S	S	N/A										
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	N/A	S	N/A	S	S	S	S	N/A										
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	N/A	S	N/A	S	S	S	S	N/A										
Faculty Initials	AR	AR	AR	FB	FB	FB												

Comments:
Week 3 (7b)- Satisfactory discussion content per CDG posting. 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

*End-of- Program Student Learning Outcomes

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:			

*End-of- Program Student Learning Outcomes

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

*End-of- Program Student Learning Outcomes

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:	**Complete**			**Not complete**		

Date	Nursing Priority Problem			Evaluation & Instructor Initials	Remediation & Instructor Initials
• Terminate plan of care					

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

*End-of- Program Student Learning Outcomes

** 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:

<div align="center">
Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2026
</div>

*End-of- Program Student Learning Outcomes

Student Name: **Clinical Date:**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** **Comments:**
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** **Comments:**
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:** **Comments:**
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • 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)	**Total Points:** **Comments:**
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • 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)	**Total Points:** **Comments:**
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • 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)	**Total Points:** **Comments:**
7. Correlate the patient's current diagnosis with all pertinent	**Total Points:**

*End-of- Program Student Learning Outcomes

past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Comments:**
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** **Comments:**
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points:** **Comments:**
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **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)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** **Comments:**

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

Student Name: _____   **Date**: _____

Must complete satisfactorily during 4 Tower debriefing.

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

CRITERIA

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and	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.	

*End-of- Program Student Learning Outcomes

21

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

*End-of- Program Student Learning Outcomes

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			

*End-of- Program Student Learning Outcomes

Date: 3/13/2026	vSim (Mary Richards) (Pharm) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 3/20/2026	vSim (Lloyd Bennett) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 3/26/2026	vSim (Kenneth Bronson) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 4/6/2026	vSim (Carl Shapiro) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 4/6/2026	Comprehensive Simulation (*1, 2, 3, 5, 6, 7)	Scenario			
		Survey			

* Course Objectives

Comments:

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

*End-of- Program Student Learning Outcomes

Skills Lab Competency Evaluation 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
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

*End-of- Program Student Learning Outcomes