EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Essence McCracken

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
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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	NA	NA	NA	S	NA	S	S								
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	NA	~~NA~~ S	S	S	NA	S	S								
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	S	S	S	S	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	S	S	S	NA	S	NA	S	NA	S	S								
e. Administer medications observing the seven rights of medication administration. **(Responding)**	S	S	S	NA	NA	NA	S	NA	S	S								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	NA	NA	NA	S	S	S	NA	NA	S	NA								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	NA	NA	S	S	NA	S	S								
Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									
Clinical Location	4C	4P	4C	Digestive Health	Special Procedures & Cardiac Diagnostics	Infusion Center	4C make up day			Patient Management Day 1								

Comments:

*End-of- Program Student Learning Outcomes

Week 2(1a-e,g): Excellent job this week managing complex patient care situations. Your care was very organized, and you did a great job with your time management. Your head to toes assessments were very thorough and well done. Medication passes were safely done following all rights of medication administration. Practice was gained interpreting cardiac rhythms through observation and one on one discussion. Great job monitoring your patient closely to ensure positive patient outcomes. CB

Week 3-1(a-e,g) This week, you demonstrated clinical competence in effectively managing care for a complex patient. Your head-to-toe assessments were thorough, timely, and appropriately tailored to the patient's individual needs. Medication administration (via numerous routes) was conducted safely and accurately, adhering to all rights of medication administration. Lastly, you gained experience in beginning to interpret cardiac rhythms, including accurate rate and interval measurements. Your attentiveness in closely monitoring your patients on 4P significantly contributed to promoting positive patient outcomes. Overall, excellent work! BL

Week 4- 1a-e, g- You did a nice job this week caring for your patient(s), having been prepared and organized. Assessments were thorough and well done, and documented appropriately. You administered medications through various routes (TOP, IV, IVP, OG/PO) appropriately while observing the seven rights of medication administration. You also had the opportunity to observe a bronchoscopy. Nice work! BS

Week 5 (1f)- Week 4 (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 6 (1b,c,f)- Satisfactory during your Cardiac Diagnostics and Special Procedures clinical experiences, and with discussions via CDG postings. Cardiac Diagnostic Preceptor comments: "Excellent in all areas." Special Procedures Preceptor comments: "Excellent in all areas. IV starts, observed angiogram/plasty, port start. Nice job!" Keep up the good work! AR

Week 7 (1c,f)- Satisfactory during your Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in actively engaged in the clinical experience. Satisfactory in all other areas. Observed Keto therapy, started an IV, observed IV hydration patients, primed IV tubing, observed Remicade therapy. Today was a lower census day at the Infusion Center. Patient that we had today were not as open as some patients as far as accepting care from students." Great job Essence! AR

Week 8- 1a-e, g- You did a nice job this week caring for your patient(s), having been prepared and organized. Assessments were thorough and well done, and documented appropriately. You administered medications appropriately while observing the seven rights of medication administration. You had the opportunity to DC one of your patients' IVs. Nice work! BS

Week 8- 1a-e, g- You did a nice job this week caring for your patient, having been prepared and organized. Assessments were thorough and well done, and documented appropriately. One thing to work on is your communication with patients, families, and co-workers, as effective communication is a vital part of being a nurse. Good luck! BS

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)**	S	S	S	NA	S	S	S	NA	S	S								
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	NA	S	S	S	NA	S	S								
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	NA	S	S	S	NA	S	S								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	~~NA~~ S	S	S	NA	NA	NA	S	NA	S	S								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								

*End-of- Program Student Learning Outcomes

f. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** **(Noticing, Interpreting, Responding, Reflecting)**	S	S	S	S	S	S	S	NA	S	S								
Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									

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

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

Comments:

Week 2: A factor associated with SDOH that I noticed had potential to influence patient care was the fact that my patient was retired. This could influence patient care because he isn't actively working so there could be a possibility that he doesn't have medical insurance, which most people would have through their employer or that he may not have the means to pay for medical care. This can affect whether or not patients choose to come in treatment and care or not. Essence, this is a great example of a SDOH that may have an impact on your patients care. CB

Week 2(2b-f): You did a great job monitoring your patient for potential risk or complications related to the cardiac procedure performed, recognizes changes and addressing those appropriately. Competency 2d was changed to a "S" because although you did not complete a care map this week, you are always formulating a plan of care for your patient. You did a good job this week being mindful and respectful of your patient's perspectives and values while providing care. CB

Week 3 2f: A factor associated with SDOH that I noticed had potential to influence patient care was her support system. She frequently got calls from her family and friends to check on her and make sure she was doing okay or seeing if she needed anything. This has a possibility of affecting her care because the support of her family and friends can help her not have any issues while she is recovering which can reduce the likelihood of her being admitted again. Great job, Essence! Having a good support system can significantly improve patient outcomes, compliance with treatment plans, and recovery after discharge. BL

Week 3-2(d) Excellent job utilizing your clinical judgment skills to formulate a prioritized plan of care for your patient on 4P this week. Please refer to the Care Map Rubric for my feedback. BL

Week 4 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care was the patients housing. We were told that the patient lived alone. This could influence patient care due to the fact that if something happens and she cannot call for help herself there would be no one else that could call for her. This could significantly delay the amount of time that it takes for her to get help that she could really need and this could greatly impact her overall health as a whole. Good point, Essence. This is an issue many of the elderly encounter. BS

Week 4- 2a-f - You were able to correlate the relationships among your patients' disease processes, history and symptoms, and present condition utilizing your clinical judgment skills, and utilize that information to complete your pathophysiology CDG. You also did a nice job providing a prioritized list of nursing interventions for your patient. BS

Week 5 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care were the patient's support system. Having someone familiar or close to you there with you when you are about to have a procedure done that may be scary helps a lot in reducing fear for patients and making them more comfortable. This is a good example. Many don't have a good support system which can impact their health and medical needs. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Week 6 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care was health literacy. This is because if patients don't understand why the care is needed or what is being done they are less likely to seek or even be willing to undergo the interventions or procedures that are needed to improve their health which is another reason that patient education is so important. Great example. There are many people who are health illiterate, which as you pointed out, can make a huge impact on their treatment, etc. AR

Week 7 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care was support system. These patient are receiving hour long infusions and in some cases they are given medications that can cause them to be drowsy or tired following the infusion so having someone there with them helps a lot with not only getting them home after treatment but also with keeping them comfortable during the infusion and help to not make it seem like they are there as long. Good example and information related specifically to patients in the Infusion Center. Many of them need a great deal of support and assistance. It's very sad when someone doesn't have that available to them. AR

Week 8 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care was patient housing. The patient apparently lived with her sister but was alone when the fall that landed her in the hospital initially occurred and because she was alone and couldn't get herself up or call for help herself. It delayed her from receiving immediate care. Living alone or being home alone when care is needed can greatly influence patient care. Yes it can, great point, Essence. BS

Week 8- 2a-f - You were able to correlate the relationships among your patients' disease processes, history and symptoms, and present condition utilizing your clinical judgment skills, and utilize that information to provide safe, high-quality nursing care to your patient. You also did a nice job providing a prioritized list of nursing interventions for your patient. BS

Week 9 2f: A factor associated with SDOH that I noticed this week that had potential to influence patient care was patient was health literacy. The patient that I had this week was very knowledgeable about his care and medication and what was going on and being done with him. This can influence patient care in a positive way because they already have an understanding and likely will not have issues with anything because of they fact that they are knowledgeable about what is needed to improve their health.

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)**	~~NA~~ S	S	S	NA	S	S	S	NA	S	S								
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~NA~~ S	S	S	NA	NA	NA	S	NA	S	S								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	~~NA~~ S	S	S	NA	S	S	S	NA	S	S								

*End-of- Program Student Learning Outcomes

d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	NA	~~NA~~ S	S	NA	S	NA	NA	NA	S	S								
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	NA	NA	NA	NA	NA	NA	NA	NA	NA	S								
Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									

Comments:

Week 2(3a-3c): These competencies were changed to a "S" because this is something that is done at clinical. You are able to see communication differences between members of the healthcare team, complete appropriate documentation related to standards of care, and be fiscally responsible by doing things like scanning flushes and charging for items taken out of the PAR room. CB

Week 3-3(b) Satisfactory during Quality Assurance/Core Measures observation, and with assignment and discussion via CDG posting. 3(c) Excellent work this week demonstrating fiscal responsibility in your clinical practice. It's important to make thoughtful, cost-conscious decisions that support high-quality patient care. These are essential skills as you transition into professional practice. BL

Week 7 (3c)- Satisfactory discussion related to the fiscal responsibilities held by the Infusion Center nurses. This is such an important part of their job. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	S	NA	S	S								
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								

*End-of- Program Student Learning Outcomes

Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									

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

Comments:

An example of a legal or ethical issue that I observed in the clinical setting was a family having a difficult time agreeing upon the care of their family members going forward. Some family members agreed with what was being said by medical professionals and thought that that would be the best option while others did not. I think this could be an ethical issue because then the medical professionals have try to decide the best course of action while also satisfying the family's wishes. Great example. This is why it so important to educate your patients on how living wills and having a POA is so beneficial. CB

Week 3 4a: An example of a possible legal or ethical issue that I observed in the clinical setting was respecting the patient's autonomy. I made sure that I always asked the patient for permission before doing anything just in case there was anything she may not have wanted done or didn't feel comfortable with me doing as a student. I made sure to ask about things and respect the patient's wishes when she told me she did not want something. Great job, Essence! You demonstrated strong awareness of patient autonomy and consistently practiced respectful, patient-centered care by seeking permission before providing care. This approach aligns with both ethical principles and legal standards, as nurses are responsible for honoring patient preferences and ensuring consent is ongoing—not just assumed. BL

Week 3-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient and their family in decision-making processes. Your ability to listen empathetically, provide clear information, and respect individual values supported patient autonomy and fostered trust. Keep up the great work! BL

Week 4 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was the use of Advanced Directives. My patient was on a vent and unable to verbally communicate. My patient was also sedated during the time that I was caring for her. It was difficult to communicate whether she wanted any of the care we had been providing for her during her stay. If she did not have advanced directives in place to let us know her wishes as well who to contact for other decisions that she could not make or communicate to us it would have possibly cause a lot of legal issues. This is an issue that often comes into play in the critical care environment. It is fine when the involved parties all agree on whether or not to withdraw care, but it often gets messy when there are differing opinions on the matter. BS

Week 5 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was patient rights. We had a patient who refused to let students do anything on them and didn't even want us in the room. We respected that right because had we not it could have caused a bigger issue that could have turned into a legal issue. You are absolutely correct. We have to respect our patients' rights to refuse care or certain caregivers. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was informed consent. Informed consent is important because it respects patient autonomy and gives them the right to accept or refuse care based on the information they were given on the importance of care, procedures, and medications, etc. Informed consent is so important, yet sometimes people agree without really understanding. They certainly have the right to accept or refuse care as you stated. Great example for your two clinical areas this week. AR

Week 7 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was HIPPA. I witnessed a patient having an argument with a nurse from one of her other doctors offices on the phone about a form that she had signed that she wanted to be looked over by her father because he is a lawyer. The nurse informed her that the form that was signed could not be sent to her father because he was not a part of her HIPPA agreement and that would be a violation. Patient

confidentiality is a huge part of HIPPA and the nurse was trying to explain to the patient that they legally were not allowed to provide her father with any forms or information regarding her care because he his not on her release although he may be a lawyer and helping with her legal situation with her medical care, them disclosing things to him without the HIPPA release could cause legal issues in itself. This is an interesting situation. The nurse definitely made the right decision. Hopefully the nurse also told the patient she could sign some type of release, or add her father to her list of who can obtain information about her. It sounds like frustration on both ends of the conversation. Thank you for sharing this occurrence. AR

Week 8 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was the fact that the patient didn't have any advance directives in place. My patient this week was intubated and therefore wasn't able to communicate her wishes verbally as far as her care went. Her family was collectively making decisions on her care on her behalf which can present issues because she did not have a POA or anything so if once family member wanted something, but another family member doesn't it can cause a lot of problems on how her care is carried out. Yes, this is a common situation in the critical care environment. This is why it is important for nurses to be aware of the legalities of these types of situations and the policies surrounding advance directives. BS

Week 9 4a: An example of possible legal or ethical issues that I observed in the clinical setting this week was again the fact that the patient didn't have any advance directives in place. My patient this week was very much so able to make decision about their care but in the even that they were to rapidly decline randomly and not be competent enough to make decision or tell providers and nursing personnel or other members of the healthcare team what they may want for themselves there is no one else who has the power and legal ability to do that for them.

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	**Make up**	**Mid-term**	9	10	11	12	13	14	15	**Make up**	**Final**
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								

*End-of- Program Student Learning Outcomes

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

Comments:

Week 2(5b,c): Excellent job working independently and taking initiative in completing nursing interventions for your patient. You are very organized and well prepared. You took excellent care of your patient this week. Great job this week completing your cdg and discussing ways you were able to create a culture of safety for your patient. CB

Week 3-5(c) Great job discussing how standardization processes impact a culture of safety in the medical environment in this week's Quality Assurance/Core Measures CDG. BL

Week 4- 5a,b,d- Great performance in the clinical setting this week, both with patient care and documentation. This week you were able to observe a bedside bronchoscopy on your patient to remove secretions from her lower airways.. Hand hygiene observed at all times when entering and exiting patient rooms. BS
Week 8- 5d-. Hand hygiene observed at all times when entering and exiting patient rooms. BS

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)**	S	S	S	S	S	S	~~S~~ NI	NA	S	S								
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	S	S	S	NA	NA	NA	S	NA	S	S								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	S	S	S	NA	S	SS								
d. Deliver effective and concise hand-off reports. **(Responding)** *	~~NA~~ S	S	S	NA	NA	NA	S	NA	S	S								
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	S	S	S	NA	NA	NA	S	NA	S	S								
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	S	~~S~~ U	~~NA~~ S	S	S	NA	NA	S	S								
Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									

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

Comments:

Week 2(6d,e,f): Competency 6d was changed to a "S" because you deliver hand-off report to the bedside nurse before leaving for the day. Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. Satisfactory completion of your CDG this week. Keep up the great work! CB

Week 3-6(d) Great job receiving report from the night shift RN this week. Moving forward, focus on becoming more comfortable using a standardized report sheet instead of a blank piece of paper. Using a structured tool will help improve organization, accuracy, and efficiency in communication, which are key skills in professional nursing practice. 6(e) Excellent job with all of your documentation this week in clinical. Your documentation was done in a timely manner and accurate. 6(f) Satisfactory completion of your CDGs this week. Keep up the great work! BL

Week 4- 6a-c, e,f- You did a good job interacting with patients and other members of the healthcare team. This is an important skill in healthcare. You also did a great job documenting interventions and medication administration. Unfortunately, your CDG this week did not include a reference and in-text citation. Please respond below as to how you will prevent this in the future. BS

Week 4 6f response: I understand that I received an unsatisfactory on this competency for week 4 because I did not include an in-text citation or reference for my CDG. The in-text citation and reference completely slipped my mind because I was anxious trying to make sure that I did the overall assignment correctly and got it turned in

*End-of- Program Student Learning Outcomes

on time and I did not remember to use one. I have gone back and added one and resubmitted it into the discussion. Going forward I will improve by making sure to remember to include a reference and in-text citation. Thank you. Good plan to remind yourself. AR

Week 6 (6f)- Satisfactory CDG postings related to your Cardiac Diagnostics and Special Procedures clinical experiences this week. You provide in-depth and insightful information. Keep up the good work. AR

Week 7 (6c,f)- Satisfactory CDG posting related to communication and overall discussion regarding your Infusion Center clinical. Keep up the great work as you complete the semester. AR
Week 8- 6a-c, e,f- You did a good job interacting with patients and other members of the healthcare team this week, however I would suggest being a bit more outgoing and interactive. This is an important skill in healthcare, especially in nursing, as we must communicate with many people, in different roles, on a daily basis. You also did a great job documenting interventions. BS
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**

*End-of- Program Student Learning Outcomes

Competencies: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	S	NA	S	S								
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	S	NA	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	S	S	S	S	S	S	NA	S	S								
Faculty Initials	CB	BL	BS	AR	AR	AR	BS	BS	BS									

Comments:

Week 2(7a,b,d): You researched and summarized an interesting EBP article in your CDG titled "Early identification of STEMI patients with emergency chest pain using lipidomics combined with machine learning." 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. CB

Week 4- 7d- An ACE attitude was displayed at all times while during the clinical experience. BS

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: Seannita McCracken	**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: 1/20/26-1/21/26	

	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)**	3	Excellent job identifying abnormal assessment findings, lab findings and diagnostic tests for your patient. You also did a great job identifying risk factors relevant to your patient as well.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job listing nursing priorities for your patient, as well as identifying the top priority problem. For your goal statement, remember this should be a positive statement related to your top priority problem (i.e. Patient will have normal cardiac output). You correctly highlighted all of the related/relevant data from the noticing boxes that support the top priority nursing problem. Nice job identifying potential complications for your top nursing priority problem.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	0	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Overall, great job with your nursing interventions! You listed relevant nursing interventions, prioritized them appropriately and provided detailed rationales. Being that your patient had a pacemaker placed, it would have been beneficial to add an intervention covering any specific care needs post-operative (i.e. education, monitoring, limb restrictions, etc.).
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Great job!
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments: Satisfactory completion of your Nursing Care Map. Please review all my feedback above. Excellent job! BL

Total Points: 42/45

Faculty/Teaching Assistant Initials: BL

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2026

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/20/26-1/21/26	Decreased Cardiac Output	Satisfactory; BL	NA

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

Comments:

*End-of- Program Student Learning Outcomes

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

Student Name: S. McCracken **Clinical Date:** 1/28/2026

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: 4** **Comments:** Great job providing a description of your patient's current diagnosis and extensive past medical history. BS
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: 6** **Comments:** Great job describing the pathophysiology of your patient's medical diagnosis. You provided a detailed description of what happens inside the body during acute hypoxemic respiratory failure. BS
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: 6** **Comments:** You did a nice job correlating your patient's diagnoses with all of her presenting signs and symptoms. Nice work!
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: 12** **Comments:** Excellent job providing your patient's lab values, what the normally expected values are, rationales for drawing each lab, and discussing their correlations with her diagnosis.
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: 12** **Comments:** All relevant diagnostic tests and results included with rationales. Explanation provided related to how the results correlate with the patient's current diagnosis. BS

*End-of- Program Student Learning Outcomes

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:** 9 **Comments: Comments:** Nice job listing the patient's medications with appropriate rationale and correlation to the current diagnosis.BS
7. Correlate the patient's current diagnosis with all pertinent 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)	**Total Points:** 4 **Comments:** Great job connecting your patient's past medical history with her current diagnoses! BS
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** 6 **Comments:** Interventions are well done. Keep in mind, however, that they should be specific and measurable. (Ex.- educate patient and family {about what?}, provide support- {what kind of support?}).
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:** 4 **Comments:** Great job identifying the members of the interdisciplinary team and their roles in the care of your patient. You also identified additional members that could benefit the patient. BS
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory Unsatisfactory due to missing reference and in-text citation. BS **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:** 65/65 Unsatisfactory. BS **Comments:** Essence, you did an excellent job on your pathophysiology CDG! Unfortunately, you did not provide a resource or in-text citation. Please add these components and post your revised document. BS

*End-of- Program Student Learning Outcomes

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: __S. McCracken_____ **Date**: _1/28/2026_____

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 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.	5
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.	5
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	5
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.	5
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.	5
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	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	5

*End-of- Program Student Learning Outcomes

	explain CT ordered. Includes patient teaching provided.			
			TOTAL POINTS	30/30

Faculty Comments: _ Essence, I could tell you were frustrated with the amount of work you had to do this week, but you did a real nice job with your handoff report. Don't under estimate yourself. BS_____

_____

_____

Faculty Signature: _Brian Seitz, MSN, RN, CNE_____**Date:** __1/30/2026_____

*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	AR	NA
Date: **2/23/2026 2/24/2026**	Week 8 Simulation (*1, 2, 3, 5, 6, 7)	Scenario	S	BS	NA
		Survey	S	BS	NA
Date: **2/27/2026**	vSim (Junetta Cooper) (Pharm) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	BS	NA
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:

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): Kayli Collins, Seannita McCracken, Colleen Camp, Seth Linder
GROUP #: 6
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): 2/24/2026 1000-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					Noticed patient heartrate of 48. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 91% on RA. Noticed patient's complaints of being "tired" and nauseous. Noticed patient has a cough. Noticed patient's heartrate of 163. Noticed patient's low blood pressure 96/62. Noticed patient's low SpO2 89% on RA. Noticed patient with increased shortness of breath and cough after fluid bolus. Noticed patient not responding to introduction. Noticed patient is pulseless.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2)*					Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 0.5-1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 0.25 mg/kg IV bolus to be given over 15 mins, then continuous diltiazem drip at 10mg/hr. Interprets patient's complaints of shortness of breath and cough is due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets EKG rhythm as ventricular tachycardia. Interprets correct medication for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,5,6,7)*					Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.4-48-20-106/69. SpO2 91% on RA. Applied 2L oxygen per nasal cannula and raised head of bed. Atropine 0.5mg IV push given- reassessed patient and vital signs. Remember to notify the healthcare provider and receive orders before administering medications for bradycardia. Notified healthcare provider of EKG findings and patient complaints of being "tired" and nauseous. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block) with recommendation for Epi IV drip or dopamine until patient can be placed on temporary pacemaker. Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 3L O2 per nasal cannula. Notified healthcare
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	B	E	A	D	

*End-of- Program Student Learning Outcomes

	provider of patient's heartrate, EKG rhythm, and complaints of "there is a horse racing in my chest". Diltiazem 0.25mg/kg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Normal Saline 0.09% 500mL bolus given for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Increased oxygen to 4L/NC and elevated HOB. Notified healthcare provider of patient with signs and symptoms of fluid overload. Recommends cardioversion. Introduced self and role. Asked patient name/dob/allergies. Checks pulse. Placed patient on the monitor. Begins CPR and bagging. Code blue called. Administered Epinephrine 1mg IV push. Applied fast patches to patient and ready to defibrillate patient.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication! Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!

*End-of- Program Student Learning Outcomes

SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of week 8 simulation, great job! CB

*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	CB/BS	BL	AR	CB/FB/ BL/BS	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