

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2022**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Lora Malfara, MSN, RN; Amy Rockwell, MSN, RN;

Brittany Lombardi, MSN, RN

Teaching Assistant: Chandra Barnes, BSN, RN; Nick Simonovich, BSN, RN

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. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- | | |
|--|---------------------|
| Skills Lab Checklists | Faculty Feedback |
| Care Map Grading Rubric | Documentation |
| Administration of Medications | Clinical Reflection |
| Simulation Scenarios | |
| Skills Demonstration | |
| Evaluation of Clinical Performance Tool | |
| Clinical Discussion Group Grading Rubric | |
| Lasater Clinical Judgment Rubric | |
| Skills Lab Competency Tool | |

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
9/28/2022	2.5	Missed Lab (Illness)	10/4/2022 (1230-1500)
Faculty's Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Brittany Lombardi			BL
Lora Malfara			LM
Amy Rockwell			AR
Nicholas Simonovich			NS

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. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:																		
a. Identify spiritual needs of patient (Noticing).																		
b. Identify cultural factors that influence healthcare (Noticing).																		
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).				S	NA	NA	S											
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).				S	NA	NA	S											
			CB	NS	CB	CB												
Clinical Location: Patient age			Meditech Orientation	4N, 60 y/ o F	NA	NA	3T, 68 y/o, F											

Comments

Week 4 1(c,d) – Jody, nice job this week interacting with a patient for the first time in the clinical setting. You were able to respect your patient's preferences values, and needs when entering the room to obtain vital signs and providing care with their loved one(s) present in the room. You used Maslow's to determine the importance of assessing vital signs and meeting the physiological needs of your patient first. NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
2. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						NA	S											
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).																		
b. Use correct technique for vital sign measurement (Responding).				S	NA	NA	S											
c. Conduct a fall assessment and institute appropriate precautions (Responding).						NA	S											
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).																		
e. Collect the nutritional data of assigned patient (Noticing).																		
f. Demonstrates appropriate insertion, maintenance, and removal of NG tube (Responding).																		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).																		
			CB	NS	CB	CB												

Comments

Week 4 2(b) – This week you were able to use the skills learned in the lab and the content learned in theory to apply your knowledge in the clinical setting. You successfully obtained vital signs on a live patient for the first time, something to be proud of! You utilized correct technique to obtain accurate measurements and noticed reading of: (Temp – 97.6, HR 74 noting a weak pulse upon palpation, RR 14, Spo2 97% on RA and BP 120/77). Great job! NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

3. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						NA	S											
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	S											
b. Hand off (report) pertinent, current information to the next provider of care (Responding).				NA	NA	NA	NA											
c. Use appropriate medical terminology in verbal and written communication (Responding).				S	NA	NA	S											
d. Report promptly and accurately any change in the status of the patient (Responding).				S	NA	NA	S											
e. Communicate effectively with patients and families (Responding).				S	NA	NA	S											
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).				S	NA	NA	S											
			CB	NS	CB	CB												

Comments

Week 4 3(e) – Excellent job communicating effectively with your patient this week. You were able to enter the room confidently and initiated the therapeutic nurse-patient relationship with good communication skills. This can be a challenging task the first time in the clinical setting; however, you exuded confidence and used appropriate communications skills to learn more about your patient. Additionally, you had the challenge of having to communicate with family members present in the room as well. You included them in your care and in your communication. Nice job! NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
4. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:				S	NA	NA	S											
a. Document vital signs and head to toe assessment according to policy (Responding).																		
b. Document the patient response to nursing care provided (Responding).																		
c. Access medical information of assigned patient in Electronic Medical Record (Responding).			S	S	NA	NA	S											
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).			S	S NA	NA	NA	NA											
e. Provide basic patient education with accurate electronic documentation (Responding).																		
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S											
*Week 3 – Meditech Expanse			CB	NS	CB	CB												

Comments

Week 3 4(c,d) – Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient’s EHR, document care in an intervention, and locate patient data. You were able to access Lexicom to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 4 4(a,d) – Good work with your documentation. You were able to communicate your findings related to vital signs in the electronic health record which allowed the health care team access to the most up to date patient information. Your documentation was factual and accurate. (d) – this competency was changed to “NA” because you did not have the opportunity to access patient education materials on the intranet during this clinical experience. NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
5. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:				S	NA	NA	S											
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).				S	NA	NA	S											
b. Apply the principles of asepsis and standard/infection control precautions (Responding).				S	NA	NA	S											
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).																		
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).				S	NA	NA	S											
e. Organize time providing patient care efficiently and safely (Responding).				S	NA	NA	S											
f. Manages hygiene needs of assigned patient (Responding).																		
g. Demonstrate appropriate skill with wound care (Responding).																		
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	S											
			CB	NS	CB	CB												

Comments
****You must document the location of the pull station and extinguisher here for clinical #2 experience.**

Week 4 5(b,d) – Nice job performing hand hygiene when entering and exiting the patient’s room, demonstrating the application of asepsis and standards precautions. You were able to manage your first aspect of patient care in the clinical setting without complications. NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Fire pull stations and Extinguishers:

Across from room 37

Across from elevator

nursing station

hallway by locker room

between rooms 18 and 19

across from room 20

by room 21

by both stairwells

across from room 36

Objective																		
6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). *See Care Map Rubric at end of tool																		
			CB	NS														

Comments

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
7. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:																		
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).																		
b. Recognize patient drug allergies (Interpreting).																		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).																		
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).																		
e. Review the patient record for time of last dose before giving prn medication (Interpreting).																		
f. Assess the patient response to prn medications (Responding).																		
g. Document medication administration appropriately (Responding).																		
*Week 11: BMV			CB	NS														

Comments

* End-of-Program Student Learning Outcomes
 Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

8. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:				S	NA	NA	S											
a. Reflect on areas of strength** (Reflecting)				S	NA	NA	S											
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)				S	NA	NA	S											
c. Incorporate instructor feedback for improvement and growth (Reflecting).				S	NA	NA	S											
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).				S	NA	NA	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).				S	NA	NA	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).				S	NA	NA	S											
g. Comply with patient's Bill of Rights (Responding).				S	NA	NA	S											
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).				S	NA	NA	S											
i. Actively engage in self-reflection. (Reflecting)				S	NA	NA	S											
*			CB	NS	CB	CB												

**** Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

Week 4 Strength: My strength for this week would be my ability to chart the patients vitals in Meditech in the patients room on the first try. A good strength to note! It will take time to comfortable with meditech and the electronic charting system. However, with this being an identified strength in your first experience, you are off to a great start! It is important that we accurately relay patient information in a timely manner for all members of the health care team. You were able to do so effectively during your first patient encounter, job well done! NS

Week 4 Room for improvement: This week I could have done better with remembering to raise the patients bed for vitals. Even though the patient was sitting on the edge of the bed the thought never crossed my mind to raise the bed. I also forgot to do this in lab check offs but caught myself midway through. The way I plan to improve this is to implement raising the bed after I check the patients wristband for name and DOB before starting vitals. Good job using self-reflection to identify an area for improvement. Your patient being in a different position than anticipated when entering the room certainly could have thrown your thought process off. As we discussed in debriefing, raising the bed is for your own comfort and safety. This will become second nature with more experience. I think your plan for improvement will allow you to remember this during your next clinical experience. Keep up the hard work! NS

Week 4 8(i) – I appreciate the level of thought and insight provided in your reflection assignment. As weird as it may sound, I am glad that you became nervous as the morning started. Not because I want you to feel this way, but because nerves and anxiety show that this means something to you. You aren't going through the motions, you understand the importance of your new role, despite comfort in previous health care roles. The fear of the unknown is challenging, and is something you will face often in health care. However, you can use this to your advantage as you become hypervigilant of everything around you. Your confidence will continue to improve with each experience as you become more comfortable. You will learn about your patient's by spending time getting to know them, and patient-centered care will become natural. I am glad to hear that your nerves settled once you were in the room and you felt comfort in communicating with her and her husband. You were able to learn about her grandkids in such a short period of time, which shows she trusted you to care for her. It sounds like you had a great first experience overall, and I appreciated your willingness to jump into another room when asked. I look forward to watching you continue to grow in the nursing profession as you work to accomplish your goals. Thank you for sharing your thoughts! NS

Week 7 Weakness: I missed a few things steps in my head to toe assessment like bilateral grip strength today in clinical. I plan to become more comfortable with performing assessments by practicing on my boyfriend and kids at home.

Week 7 Strength: I feel that my communication with my patient was my strength today. I was able to talk with multiple patients this clinical and not feel nervous like I did in the previous clinical.

*** End-of-Program Student Learning Outcomes**

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Week 10 or 12:

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings. (subjective and objective)	(lists at least 7*) *provides explanation if < 7	(lists 5-6)		(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests.	(lists at least 3*) *provides explanation if < 3			(lists < 3 or gives no explanation)		
	3. Identify all risk factors.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
	4. Highlight all of the related/relevant data from the Noticing boxes to develop a priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
Interpreting	5. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists at least 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List the reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 29 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2022
Simulation Evaluations

<u>Simulation Evaluation</u>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date:	Date:
Performance Codes:		
S: Satisfactory		
U: Unsatisfactory		
Evaluation (See Simulation Rubric)		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

- A. **Reflect on an area of strength after observing/participating in each simulation scenario.**
- B. **Recognize one area for improvement and set a goal to meet this need.**

The goal must include what you will do to improve, how often you will do this, and when you will complete the goal (example- "I forgot to raise the head of the bed when the patient began having trouble breathing. I will review the proper nursing interventions for dyspnea in the textbook and on skyscape twice before the next simulation scenario").

Simulation #1:

A.

B.

Faculty/TA comments:

Simulation #2:

A.

B.

Faculty/TA comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2022

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: _____