

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2022

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Semester: **Fall**

Final Grade: **Satisfactory/Unsatisfactory**

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)
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:								NA		NA								
a. Identify spiritual needs of patient (Noticing).								NA		NA								
b. Identify cultural factors that influence healthcare (Noticing).								NA		NA								
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).				NA	S	NA	S	S		S								
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).				NA	S	NA	S	S		S								
Clinical Location: Patient age			CB	NS	CB	CB	CB	NS										
			Meditech Orientation	No Clinical Experiences	4N 74		3T 76	Mid term		3T 80								

Comments

Week 5(1c): Emily, great job respecting your patient's needs this week in clinical. CB

Week 7- Please be sure to include the clinical location and age of your patient, as stated in red and highlighted in yellow. CB

* 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	S		S								
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).																		
b. Use correct technique for vital sign measurement (Responding).				NA	S	NA	S	S		S								
c. Conduct a fall assessment and institute appropriate precautions (Responding).						NA	S	S		S								
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S								
e. Collect the nutritional data of assigned patient (Noticing).								NA		S								
f. Demonstrates appropriate insertion, maintenance, and removal of NG tube (Responding).								NA		NA								
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		NI								
			CB	NS	CB	CB	CB	NS										

Comments

Week 5(2b): Emily, you did a great job assessing your patients vital signs, using the proper technique. CB

Week 7 (2a,b,c): Emily, you did a great job this week, performing your first head-to-toe assessment on your patient. You also obtained vital signs and completed a falls assessment on your patient. CB

Week 9: NI I feel that I need improvement on navigating patient information pertaining to labs, chemistry of the lab results, and past nurses' notes.

* 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	S		NI								
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	S	S		NI								
b. Hand off (report) pertinent, current information to the next provider of care (Responding).				NA	S	NA	NA	S		S								
c. Use appropriate medical terminology in verbal and written communication (Responding).				NA	S	NA	S	S		S								
d. Report promptly and accurately any change in the status of the patient (Responding).				NA	S	NA	S	S		S								
e. Communicate effectively with patients and families (Responding).				NA	S	NA	S	S		S								
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).				NA	S	NA	S	S		S								
			CB	NS	CB	CB	CB	NS										

Comments

Week 5(3e): You did an excellent job communicating with your patient this week! CB

Week 7 (3a): Emily, you did an excellent job receiving hand off report for the first time. I know that it is overwhelming, the amount of information and trying to find the correct place on the report sheet, but with more practice and experience this will become easier. You did a nice job asking appropriate questions from the nightshift bedside nurse. CB

Week 9: NI I feel that my skills of obtaining an initial nursing report needs improvement because it is still difficult for me to understand the information at the speed their communicating it.

* 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:				NA	S	NA	S	S		S								
a. Document vital signs and head to toe assessment according to policy (Responding).								NA		S								
b. Document the patient response to nursing care provided (Responding).								NA		S								
c. Access medical information of assigned patient in Electronic Medical Record (Responding).			S	NA	S	NA	S	S		NI								
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).			S	NA	S NA	NA	S NA	S		S								
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		S								
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	S		S								
*Week 3 –Meditech Expanse			CB	NS	CB	CB	CB	NS										

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 5 (4a,c): Great job with documentation of your patient’s vital signs this week. You were also able to look at your patients trends to compare the vital sign results. I changed your “S” to a “NA” for demonstrating basic skill in accessing education, because you did not educate your patient this week. CB

Week 7 (4a,f): Emily, you did a great job documenting your head-to-toe assessment. You were very thorough, and took your time. Remember, if you document that a system is “WNL” there is no need to document further under that system. Also, remember to have your meditech guidelines with you while documenting, to ensure that you are documenting in the appropriate place and you are including all information being asked. You did a great job on your first cdg, writing about your patient’s safety concerns related to seizure and fall precautions. Great job posting a peer response and looking up information that was related to cancer and how blood clotting can be caused by that. CB

Week 9: NI I feel that I need improvement on navigating patient information regarding lab and medication trends.

* 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:				NA	S	NA	S	S		S								
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).																		
b. Apply the principles of asepsis and standard/infection control precautions (Responding).				NA	S	NA	S	S		S								
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		S								
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).				NA	S	NA	S	S		S								
e. Organize time providing patient care efficiently and safely (Responding).				NA	S	NA	S	S		S								
f. Manages hygiene needs of assigned patient (Responding).								NA		S								
g. Demonstrate appropriate skill with wound care (Responding).								NA										
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	S	U										
			CB	NS	CB	CB	CB	NS										

Comments

Week 5(5b): Emily, great job foaming in and out every time you entered and exited your patient room. By doing this, you are reducing the transmission of germs, decreasing the chance of infection for your patient. CB

Week 7(5h): Emily, this competency was changed to a “U”, due to the fact that you did not document the locations of the fire pull stations and the fire extinguishers. 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.” Be sure to review the directions closely, and take your time when submitting your clinical tool each week. CB

Week 9: There was a fire pull station across from the three main elevators and next to the nurses station on 3T.

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

* End-of-Program Student Learning Outcomes

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

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								NA										
			CB	NS	-	-	-	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:								NA										
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA										
b. Recognize patient drug allergies (Interpreting).								NA										
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA										
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA										
e. Review the patient record for time of last dose before giving prn medication (Interpreting).								NA										
f. Assess the patient response to prn medications (Responding).								NA										
g. Document medication administration appropriately (Responding).								NA										
*Week 11: BMV			CB	NS	-	-	-	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:				NA	S	NA	S	U		S								
a. Reflect on areas of strength** (Reflecting)							U											
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)				NA	S	NA	S	U		S								
c. Incorporate instructor feedback for improvement and growth (Reflecting).				NA	S	NA	S	S		S								
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).				NA	S	NA	S	S		S								
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).				NA	S	NA	S	S		S								
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).				NA	S	NA	S	S		S								
g. Comply with patient's Bill of Rights (Responding).				NA	S	NA	S	S		S								
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).				NA	S	NA	S	S		S								
i. Actively engage in self-reflection. (Reflecting)				NA	S	NA	S	S		S								
*			CB	NS	CB	CB	CB	NS										

** 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 8(f) – Unfortunately, this competency has been changed to a “U” because the clinical tool was submitted past the due date and time of 9/24/22 at 2200. Your submission occurred on 9/25/22 at 0923. According to the directions located on the first 2 pages of this document, “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.” Be sure to review the directions closely, and take your time when submitting your clinical tool each week. It would be a good idea to set a reminder for yourself so that this does not occur again. NS

Irresponsibility on my part as a student, I will put a reminder in my phone to remind of clinical tool dates and write down the due dates on my dry erase calendar going forward. Thank you for the feedback. Emily, setting a reminder on your phone and updating your calendar is a great idea. CB

Week 5 Strength I felt that I was satisfactory in communicating with the nurse and the patient. I feel this way because I was able to navigate my vital signs skills and effectively communicate to the patient of their wants and needs. I was able to effectively and efficiently communicate the patient’s wants and needs to the nurse. Emily, you did a great job communicating with your patient, and then communicating your patients’ needs to their bedside nurse. CB

Weak 5 Area of improvement I feel that my area of improvement would be to get to know the patient more so that I could assess trends. The nurse had mentioned that the patient had been notified on multiple occasions about the status of their discharge date and was concerned that the patient’s continued inquires thereof. I feel that if I had more time with the patient I would’ve been able to notice this trend of possible confusion earlier. I will work on assessment questions of level of orientation going further and over the next week or two in skills lab and with my family and friends. As you learn and experience more, you will find that orientation types of question will come natural when you start doing head-to-toe assessments. Also, there are patients that no matter how many different people tell them when they are going to be discharged, the first new face they see, they are going to ask the question again, hoping for a new answer! You did a great job and you have a great plan to help yourself feel more comfortable. CB

Week 5(8i): Emily, excellent job on your clinical reflection assignment! You DO deserve to be here, and with time and experience you will be able to “think like a nurse” without telling yourself anything. I am glad that you were comfortable and you are confident in yourself! Keep up the great work! CB

Week 7 (8a,b): You did not comment an area of strength or an area of improvement for this week. Therefore, the competency 8a and 8b were changed from a “S” to a “U”. 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.” Be sure to review the directions closely, and take your time when submitting your clinical tool each week. CB

Apprehending my erroneous attempts by failing to self -critique my strengths and weaknesses, I will be conscientious in my efforts to comprehend and implement the instructions pertaining to my clinical tool. I understand the importance of self-critiquing and self judgement in nursing and vow to be more efficient in this by utilizing my resources such as my instructors and peers to review my work, but I also write down clinical tool expectations to refer to when working on my next clinical tool to further prevent future mishaps. Thank you for addressing these areas, Emily! You are working hard, I think your plan moving forward will benefit you greatly. NS

Midterm – Emily, you are satisfactory in most related competencies. At this point of the semester, you have received a “U” for competency 5(h) related to documentation of fire pull stations. Be sure to include this documentation in week 9 and pay close attention to the directions provided throughout the clinical tool. A “U” was also received for competency 8(a) and 8(b) related to reflecting on strengths and weaknesses. You did not provide any reflection for your week 7 clinical experience. Moving forward, be sure to take your time when submitting your clinical tool. In nursing, it is essential to pay close attention to detail and read instructions/orders closely to avoid mistakes. Take your time, read each competency, review the directions closely, and I have no doubts that you can be satisfactory in these competencies moving forward. Be sure to review the comments throughout your tool, reflect on your strengths and weaknesses listed from

your first two clinical experiences, and keep working hard to achieve your goals in the second half of the semester!! We look forward to watching you continue to grow in your nursing abilities and assisting you in achieving your goals. NS

Week 9: Strength I perceive a great deal of my responsibilities of patient care as managed proficiently. I efficiently met my patient's needs pertaining to hygiene, comfort, and feeding while relying abnormal BP findings to their doctor. I incorporated their cognitive impairment into their care which dictated the speed of my assessments and patient communication. I exercised different skills like removing a catheter and conveyed my first hand-off report in a nurse leadership role with minute instructor direction. I effectively accessed my patient trends to ascertain baseline data and compare it to my assessment findings, this aided my ability to filter out data that was new and old.

Week 9: Weaknesses Various faults that I feel have room for improvement include receiving initial handoff report and prompt comprehension of lab values. I want to improve on obtaining initial patient report to prevent redundancy throughout the duration of my care. I want to refine my ability to connect feasible underlying health issues because this will assist my work in future critical care settings that require swift thinking. I am eager to enhance my interpretation skills of lab values, specifically hematocrit and albumin levels. I understand common electrolyte values like potassium and sodium; however, I want to efficiently decipher uncommon or challenging lab values and briskly comprehend the connection of these two variables to the health of my patient.

* 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: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		
Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory* *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. Faculty/Teaching Assistant Comments:							Total Points: Faculty/Teaching Assistant Initials:

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

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