

**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)
<b>Faculty’s Name</b>			<b>Initials</b>
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.**

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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
<b>Competencies:</b>								NA		S	S							
a. Identify spiritual needs of patient (Noticing).								NA		S	S							
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	S							
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).				S	N/A	S	N/A	S		S	S							
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).				S	N/A	S	N/A	S		S	S							
			NS	NS	NS	NS	CB	NS	NS	NS								
			Meditech Orientation	4N 65 F	NA	3T 71 M	NA	Mid term	NA	3T 87 F	3T 90M							

Clinical Location:  
Patient age

**Comments**

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

Week 6 1(c,d) – You were able to correlate your care appropriately by respecting your patient’s wishes and values. You included his significant other in the plan of care, and developed a therapeutic, trusting relationship with both of them. You were able to meet his physiological needs through a thorough assessment, and then met his psychological needs by demonstrating kindness and compassion. It is evident in each of your interactions that are a very caring individual. Keep it up! NS

Week 9 1 – Nice job this week coordinating your care appropriately, respecting your patients’ preferences and needs while also following Maslow’s to ensure to priority needs were met. You were able to meet her physiological needs through assessment, ensuring her neurological status was within normal limits. You then promoted safety with ambulation, ensuring she was not dizzy or lightheaded with movement and provided safety measures. Lastly, you respected her privacy and need to rest while also rounding on her frequently. Nice work! 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
<b>Competencies:</b>								S										
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S	N/A			S	S							
b. Use correct technique for vital sign measurement (Responding).				S	N/A	S	N/A	S		S	S							
c. Conduct a fall assessment and institute appropriate precautions (Responding).						S	N/A	S		S	S							
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S	S							
e. Collect the nutritional data of assigned patient (Noticing).								NA		S	S							
f. Demonstrates appropriate insertion, maintenance, and removal of NG tube (Responding).								NA		S NA	NA							
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		S	S							
			NS	NS	NS	NS	CB	NS		NS								

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 – 98.1, HR 87 upon palpation, RR 16, Spo2 97% on RA and BP 110/70). Great job! NS

Week 6 2(a,c) – Overall good work with your head-to-toe assessment on a live patient! You were flexible in your approach due to limitation in extremities, specifically related to vital signs. In your assessment you noticed visual impairment with the use of glasses in your HEENT assessment. You also noticed cracking and crustiness around his oral cavity and lips. You noted his psychosocial support system in his significant other. You were thorough in your respiratory assessment, noticing grunting, diminished lung sounds upon auscultation, and SOB at rest. You palpated and noticed 1+ pitting edema with skin abnormalities, such as significant bruising to the upper extremities. In your neuro assessment you noticed confusion, which you interpreted as his baseline. You also noted the use of an indwelling catheter and noticed the amber color appearance of his urine. A very thorough and well-done assessment! Good job with your John Hopkins Fall Risk Assessment, calculating a high-risk score of 15 and implementing all precautions prior to leaving the unit. NS

Week 9 2(c,g) – Nice work identifying your patient as a high fall risk with a JH Fall score of 11. You understood that her admitting diagnosis of vertigo in addition to her prescribed medications put her at an increased risk and prioritized her safety. Good discussion related to her safety risks in your CDG. You were able to observe an echocardiogram being performed on your patient and were attentive while discussing the findings with the technician. Based on these findings, you conducted a priority focused assessment related to her neurological status. Good use of clinical judgment. (f) – this competency was changed to NA because you did not have the opportunity to care for a patient with an NG tube this week. 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
<b>Competencies:</b>								S		S	S							
a. Receive report at beginning of shift from assigned nurse (Noticing).						S	N/A	S		S	S							
b. Hand off (report) pertinent, current information to the next provider of care (Responding).				S	N/A	S	N/A	S		S	S							
c. Use appropriate medical terminology in verbal and written communication (Responding).				S	N/A	S	N/A	S		S	S							
d. Report promptly and accurately any change in the status of the patient (Responding).				S	N/A	S	N/A	S		S	S							
e. Communicate effectively with patients and families (Responding).				S	N/A	S	N/A	S		S	S							
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).				S	N/A	S	N/A	S		S	S							
			NS	NS	NS	NS	CB	NS	NS	NS								

**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 strong communication skills. This can be a challenging task the first time in the clinical setting; however, you exuded confidence and use appropriate communications skills to learn more about your patient. You even learned that she knew some of your family! You seemed at ease and comfortable in your interaction. Job well done! NS**

**Week 6 3(a) – This week you gained experience with receiving hand-off report from the off-going shift. While this may have felt overwhelming, you were attentive and noticed important data that was reported on. You will begin to feel more comfortable with receiving report with each experience. NS**

**Week 9 3(B,F) – You gained experience with providing hand-off report to the primary RN prior to leaving the unit. Good job providing pertinent updates related to the care that was provided to ensure a smooth transition of care. You were able to participate as an accountable member of the health care team by collaborating the assigned RN, communicating with the cardiac technician, and helped your fellow classmates with hygiene care for another patient on the floor. Nice work! 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
<b>Competencies:</b>																		
a. Document vital signs and head to toe assessment according to policy (Responding).				S	N/A	S	N/A	S		S	S							
b. Document the patient response to nursing care provided (Responding).								NA		S	S							
c. Access medical information of assigned patient in Electronic Medical Record (Responding).			S	S	N/A	S	N/A	S		S	S							
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).			S	S NA	N/A	S	N/A	S		S NA	NA							
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		S NA	NA							
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	N/A	S		S	S							
*Week 3 –Meditech Expanse			NS	NS	NS	NS	CB	NS		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 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

Week 6 4(f) – Excellent job with your CDG requirements this week. All necessary criteria were met for a satisfactory evaluation. Your response was thorough and detailed. I appreciate the additional research and insight provided in your response to Taylor. You did a nice job going outside of your comfort zone and searching the internet for reputable resources to support your claims. Be sure to utilize Purdue Owl for APA Style Formatting for further assistance as your progress in the semester. See my comments on your initial and response post for more details. NS

Week 9 4(A) – Overall nice work with your documentation this week. Remember to pay close attention to detail and to be as thorough as possible in each of your assessments. NS

Week 9 4(f) – Good job with your CDG this week. Per the CDG grading rubric, all necessary criteria were met for a satisfactory evaluation. I appreciated the thoughts provided in your initial post and response to a peer. You were able to use a reputable source to gather more data on high-risk medications related to safety in addition to learning more about CABG procedure. Overall your APA formatting looked pretty good. For your initial post, remember that the in-text citation should include each author(s) last name or organization, and the publishing year. You do not need to include the first initials. If 3 or more authors are noted, you will use the first authors last name, followed by et al. The proper in-text citation for your initial post is (Just et al., 2017). For your response post, the in-text citation would be (John Hopkins Medicine, 2021). Be careful with the use of citation generators, they often are inaccurate. Purdue OWL for APA is a great resource to utilize. NS

\* End-of-Program Student Learning Outcomes

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

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

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

Week 6 (H): A location where a pull station and fire extinguisher are both located in the hospital is on 3T on the back wall by the corner of Room 10. Thank you for locating and documenting the locations for fire safety! NS

Week 9 5(A) . Remember to always ensure that the bed is in its lowest position before leaving the room for patient safety. NS

Week 9 5(C) – this competency was changed to NA because your assigned patient did not have a foley catheter in place. Be sure to pay close attention to the competencies that you are evaluating each week for accuracy. NS

Week 9 5(d,e) – Nice work this week in being efficient with your patient care. You were able to ensure that her needs were met, while also being a good team member and assisting your classmates with hygiene for their assigned patient. Good use of time management to get the most out of your experience. NS

\* 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
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). *See Care Map Rubric at end of tool								NA										
			NS	NS	NS	NS	-	NS	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
<b>Competencies:</b>								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, intramuscular, 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			NS	NS	NS	NS	-	NS	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
<b>Competencies:</b>																		
a. Reflect on areas of strength** (Reflecting)				S	N/A	S	N/A	S		S	S							
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)				S	N/A	S	N/A	S		S	S							
c. Incorporate instructor feedback for improvement and growth (Reflecting).				S	N/A	S	N/A	S		S	S							
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).				S	N/A	S	N/A	S		S	S							
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).				S	N/A	S	N/A	S		S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).				S	N/A	S	N/A	S		S	S							
g. Comply with patient's Bill of Rights (Responding).				S	N/A	S	N/A	S		S	S							
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).				S	N/A	S	N/A	S		S	S							
i. Actively engage in self-reflection. (Reflecting)				S	N/A	S	N/A	S		S	S							
*			NS	NS	NS	NS	CB	NS	NS	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.

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting  
Week 4; Clinical #1: Vital Signs September 23<sup>rd</sup>, 2022

Strengths: My strengths for clinical this week were that I felt that I approached vital signs very professionally and in a manner that the patient felt comfortable and good about me doing. What I mean by that is, I was not jumping around from different things all at once and I was talking with the patient to make sure they felt comfortable. Also, if I did anything that may have hurt, or caused some sort of pain that I would stop and give them some time to reduce that then continue. Finally, I felt that I was able to enter the room and perform good infection control habits by foaming in and out of the patient's room and putting on gloves when taking vital signs. **Awesome strengths to note this week, Kennedy! Your confidence has improved greatly, and you exuded a positive, professional appearance when entering the room. You do a great job of making patients feel at ease with your personality and positivity. Keep that up! Nice job maintaining appropriate infection control precautions to protect yourself and your patient. Keep up the hard work! NS**

Weaknesses: I felt that I struggled just a little bit when the RN would come in and out continuously. Not that this is her fault, I just would get kinda get quite because I felt that the patient wanted to focus on the RN then having me taking vital signs. Another weakness, I had a hard time trying to put on the blood pressure cuff to my patient, not because her arm but physically working with the blood pressure cuff. I was able to of course get the cuff on and on the correct way but the machine or the equipment is something that I will need to be more comfortable on. I will make sure in the upcoming skills labs and clinical that I will learn and practice to properly put on equipment or use the automatic machine in an easier and comfortable matter **It can be difficult in health care to get used to distractions that can occur. This can throw off our thought process and can alter our organization. However, this is something that will occur everyday in the profession. Learning how to manage distractions and remain focused will be an important skill that you will develop over time. I appreciate the thoughtful reflection related to an area of improvement. I think you have a strong plan in place to make this a strength in the future. NS**

**Week 4 8(i) - Thank you for providing thoughtful and insightful responses to the reflection assignment following clinical #1. You do a great job of self-reflecting and identifying both positives and areas for improvement. You have the ability to being honest with yourself and strive to improve, and its awesome to see. You are in a unique situation coming back for a second time, and I absolutely love your mindset. You are much more confident in yourself, and appear excited about the opportunity to prove your abilities as a nurse. You made some great observations about the nursing profession, both positive and negative. With any career, this will occur. However, you will define what and who you are as a nurse. Burnout can certainly happen, but having the awareness that maybe its time to move onto something different in the profession will help prevent that from occurring. I truly can't express how excited I am for you this semester. You have what it takes to be an amazing nurse. Keep having the confidence in yourself, even during the bad days, because you will impact others in such a positive way. I appreciate you sharing your thoughts and can't wait to watch your grow as a nurse and achieve your goals. NS**

Week 5; No Clinical This Week; September 27<sup>th</sup>, 2022

Week 6; Clinical #2: Vital Signs & Physical Examination (Head-to-Toe Assessment); October 5<sup>th</sup>, 2022:

Strengths: I believe my strengths in clinical this week were being able to perform Vital Signs and my physical examination with a family member present in the room. In past clinical experiences, I have never had another family member in the room while assessing and documenting my patient's baseline data. During the handoff report, I was told that my patient's spouse would be in the room, and I got extremely nervous. However, I was able to still approach my patient and their spouse with privacy and professionalism. Another strength I believe I succeeded in was being able to obtain vital signs in general appropriately. My patient could not obtain blood pressure in either arm due to his primary diagnosis, so I was able to re-adjust and find a solution to obtain that blood pressure. Which meant I needed to find another location; therefore, I was able to obtain an accurate reading in his right lower extremity in the middle of his calf. My patient for clinical #2 was very understanding and extremely involved with his care. He was able to ensure that my assessment was done in a proper matter by stating a form of teach-back when it came to the importance of everything that I was assessing. Finally, as each week goes by, I believe my confidence gets bigger and better. I am proud of how far I have come, and I cannot wait to see how much more I learned from these experiences. **You do such a great job with your reflections! These are excellent strengths to note and should provide you with confidence as you progress in the course and the program. You have a very bubbly personality that can positively impact each patient that you encounter. Great job incorporating his significant other in your care and communication. Each example provided is a testament to the hard work and dedication your are putting forth to be a great nurse. Keep up the hard work! NS**

Weaknesses: Weaknesses: I truly feel that I had no strong weaknesses, but I am not saying I am 100% confident in my assessment skills. I feel I still have trouble locating everything in a patient's room such as signs, alarms, etc. Also, I feel that I had a hard time documenting. I couldn't find certain things when it came to utilizing Meditech such as the different vital signs

documentation that has under patient's charts. For example, I documented under "Vital Signs" instead of "Vital Signs-Monitor" which I know is not a huge difference but when I was in my one-on-one; we had to double-check if I properly documented by going over past documentation from other nurses or entries. My goal for the next clinical is to get familiar with everything in a patient's room, possibly going into an empty room beforehand and locating everything before I started. Another goal I am going to set is to make sure to practice more on correct documentation and learn the format of Meditech in our skills labs each week or even in our next Meditech Lab! **Another great reflection! I appreciate the time and effort you put into reflecting on your experiences and setting goals for yourself. I think you have developed a great plan to help orient yourself in the clinical setting and will allow you to feel comfortable in the environment. Nice job! NS**

**Midterm – Kennedy, you are satisfactory in all related competencies at this point in the semester, nice work! 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 7; No Clinical This Week; October 12<sup>th</sup> or 13<sup>th</sup>, 2022

Week 8: No Clinical this Week because It was Midterms: October 16<sup>th</sup>-23<sup>rd</sup>

Week 9: Clinical #3: October 26<sup>th</sup>, 2022:

Strengths: I truly feel like I did very well in clinical this week. I was excited, alert, and very observant when it came to improving my patient's care. I was given the opportunity to ask the night shift/morning shift nurses questions about my patient in a well-spoken and extremely professional manner. Before I began my vital signs and head-to-toe assessment and after introducing myself, I jumped on to Meditech to observe and look at my patient's trending data in her eMAR. With, while listening to the nurse's handoff report, I was able to determine that the patient was admitted the night before with dizziness so in my mind I already knew, either full assistance was needed while walking or standby was required due to the possibility that she may fall. I was able to experience so many interesting tests and procedures such as an echocardiogram and that was amazing. Being able to witness looking at my patient's heart through an ultrasound to determine what could possibly be causing these signs of vertigo was great. I am proud of the position I am in, and I cannot wait to see how much further I grow in my nursing career/experience in clinical. Thank you. **Kennedy, I always appreciate the level of thought and insight you put into your reflections. Its great to see the excitement that you are experiencing learning new things and caring for others. These are great strengths to note. You are demonstrating the use of clinical judgment by prioritizing your focus based on the information received in report. Great job asking appropriate questions during report to ensure you have a good understanding of the information provided. Job well done. NS**

Weaknesses: For this week, I believe my weaknesses were getting comfortable with answering call lights or just helping assist with other patients besides my own. It is not because I do not want to but because I just get anxious that the patient may not want me and so many other nurses/nursing students in the same room all at the same time. With so many students wanting to experience or learn how to correctly do call lights, I just felt like I was not truly able to experience the feeling but again that was because of my anxious thoughts. However, I still was able to greatly help with the patient's needs, I just think I could have done a little more to help. For example, one of the patients on 3T wanted a bed bath and changed linens, myself and 3 other students went in there to assist but I felt like I cannot do as much as I wanted because I did not want to overwhelm or make the patient uncomfortable with having so many students in the room. One other thing that I struggled with this clinical, but I believed I handled very well was having a shared room for my patient. I have never had two patients in the same room, so I was nervous I was going to be a little more anxious to do anything because I was afraid of waking up the neighboring patient. My goal for the next four upcoming clinical is to answer call lights and grab assistance when it is needed instead of being the one who is grabbed for assistance. Also, I will get more comfortable with the patient's room in general, whether it is a single room or a shared patient room. Finally, I want to be able to walk into a patient's room and being able to locate anything and everything to provide the best care for them. **Another truly great reflection. What I gathered is that some of your anxiety in helping in rooms that were not your assigned patient caused you to feel somewhat uncomfortable. Keep in mind, patients in the hospital are used to different faces in the room addressing their needs. They simply want to be cared for, which you do a great job of. I think you have a good plan in place to help you become more comfortable in these situations. Keep up the hard work! NS**

Week 10: Clinical #4&5: November 2<sup>nd</sup> & November 3<sup>rd</sup>, 2022:

Strengths: As the weeks go by, I feel as if I become more and more comfortable with handling and providing care for my patients. I am engaging in learning new things; I am providing more care for my patients such as hygiene care and obtaining urine specimens that I would have been extremely nervous about in weeks prior. Before entering my patient's room, I jumped on Meditech to look at the patient's baseline data as well as history just to get an idea of the provided care needed. As soon as entering my patient's room, I went to make sure all fall precautions were in place to prevent any further injury from happening due to him being a high-fall risk. I safely obtained a urine specimen and got to experience a bladder scan with another patient. I love being able to experience new assessments and indicate the findings along with them. I cannot wait for what the future holds for me, and my nursing education and it is all thanks to my instructors.

Weaknesses: I am still not 100% on where everything is on 3 Tower yet getting a little more comfortable with it all. To fix this for next time, I will make sure to go along the floor and learn exactly where everything is and how everything works. However, I really felt as if this was my weak suit in clinical this week was the floor in general. I will make sure by the next clinical I will be able to determine where the exact material is on the floor and where to find the necessary equipment on my own. If I need to question, to not feel like a burden because I know this is a learning experience.



**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
<b>Noticing</b>	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		
<b>Interpreting</b>	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)		
<b>Responding</b>	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"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete		
Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory* <b>*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.</b>  <b>Faculty/Teaching Assistant Comments:</b>						<b>Total Points:</b>  <b>Faculty/Teaching Assistant Initials:</b>	

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

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

\* 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: \_\_\_\_\_