

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023**

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

Student: Zachary Grosswiler
Final Grade: Satisfactory/Unsatisfactory

Semester: Fall
Date of Completion:

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

Faculty eSignature:

Chandra Barnes, MSN, RN; Nick Simonovich, MSN, RN

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:		ABSENCE (Refer to Attendance)		
		Date	Number of Hours	Comments
Skills Lab Checklists	Faculty Feedback			
Care Map Grading Rubric	Documentation			
Administration of Medications	Clinical Reflection			
Simulation Scenarios				
Skills Demonstration				
Evaluation of Clinical Performance Tool		Faculty’s Name		
Clinical Discussion Group Grading Rubric		Chandra Barnes		
Lasater Clinical Judgment Rubric		Frances Brennan		
		Amy Rockwell		
		Nicholas Simonovich		

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												
	<ul style="list-style-type: none"> Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community. 											
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
Competencies: a. Identify spiritual needs of patient (Noticing).							NA					

a. Identify cultural factors that influence healthcare (Noticing).								NA					
a. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA					
a. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA					
							CB	CB					
							3T 79	NA					
Clinical Location Patient age**													

Comments

****Document your clinical location and patient age in the designated box above.**

Week 6(1c,d) – 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 a head to toe assessment. You used Maslow's to determine the importance of assessing vital signs and an assessment to meet the physiological needs of your patient first, great job! CB

Week 7(1,d): Zach, you did not self-evaluate for any competency in objective 1. Please make sure you read the following directions carefully. 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. CB

ADDRESSAL: I had misconceptions about how the clinical tool was to be submitted on non-clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in per assessment through use of clinical judgment skills. (3,4, 5)* 													
Clinical Experience	We ek 1	Wee k 2	We ek 3	We ek 4	We ek 5	Wee k 6	Wee k 7	Mid - Ter m	Wee k 8	Wee k 9	Wee k 10	We ek 11	We ek 12

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

Comments

Week 6(2a,b): This week you were able to use skills learned in the lab and take content learned in theory and combine them to apply your knowledge in the clinical setting. You were successful in obtaining vital signs and a head to toe assessment on a live patient for the first time. You were able to notice your patient had a higher respiratory rate, and you were able to use your clinical judgement to further assess the situation by reviewing their trending vital signs, where you noticed their respirations had been running higher. Great job! Competency C was changed to a “NA” because you did not conduct or document a safety assessment. CB

Week 7(2a-c) Zach, you did not self-evaluate for any competency in objective 2. Please make sure you read the following directions carefully. 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. CB

ADDRESSAL: I had misconceptions about how the clinical tool was to be submitted on non-clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> Select communication techniques and appropriate boundaries with patients, families, and health care team members. (
Clinical Experience	We ek 1	We ek 2	We ek 3	We ek 4	We ek 5	We ek 6	We ek 7	Mid - Ter m	We ek 8	We ek 9	We ek 10	We ek 11	We ek 12
Competencies:													
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	NA						
a. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA						
a. Use appropriate medical terminology in verbal and written communication (Responding).						S	NA						
a. Report promptly and accurately any change in the status of the patient (Responding).						NA	NA						
a. Communicate effectively with patients and families (Responding).						S	NA						
a. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA S	NA						
						CB	CB						

Comments

Week 6(3e): Zach, you did a great job communicating effectively with your patient this week! I know this can be challenging for the first time in the clinical setting, however you were able to use appropriate communication skills to learn more about your patient. Competency 3f was changed to a “S” because you provided patient centered care while performing vital signs and your head to toe assessment. CB
 Week 7(3a-f): Zach, you did not self-evaluate for any competency in objective 3. Please make sure you read the following directions carefully. 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. CB

ADDRESSAL: I had misconceptions about how the clinical tool was to be submitted on non-clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> 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
Competencies:						S	NA						
a. Document vital signs and head to toe assessment according to policy (Responding).						S	NA						
a. Document the patient response to nursing care provided (Responding).						NA S	NA						
a. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA						
a. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S											
a. Provide basic patient education with accurate electronic documentation (Responding).													
a. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	NA						
*Week 2 –Meditech		CB				CB	CB						

Comments

Week 2(4c,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 6(4 a,c,f): Good job with your documentation of vital signs and a head to toe assessment, you were very thorough and detailed. My only advice for documentation of the head to toe assessment is to make sure you click on the + sign in the top left corner every time so you don’t miss anything and always have the meditech guidelines with you to ensure you are documenting on the correct areas. I changed competency 4b to a “S” because documenting an assessment and vital signs is documentation that

supports care provided. Great job on your first CDG, you met all requirements of the grading rubric. CB
Week 7(4a-c,f): Zach, you did not self-evaluate for any competency in objective 4. Please make sure you read the following directions carefully. 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. CB

ADDRESSAL: I had misconceptions about how the clinical tool was to be submitted on non-clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

* End-of-Program Student Learning Outcomes

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

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

Comments -

****You must document the location of the pull station and extinguisher here for your first clinical experience.** Fire extinguisher – across from room 3036. Fire pull – across from room 3037. **CB**

Week 6 (5a,d,e): Zach, I changed these competencies to a “S” because while completing an assessment and vital signs, you did manage care that you provided to the patient safely, while being prepared. Also, safe body mechanics was use while raising your patients bed so you wouldn’t hurt your back. *With the understanding that patient care does not include assessments, I did not provide patient care. However, I handled my assessment in a safe, efficient, and prepared manner. **CB**

Week 7(5a,b,d,e,h): Zach, you did not self-evaluate for any competency in objective 5. Please make sure you read the following directions carefully. 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. CB

ADDRESSAL: I had misconceptions about how the clinical tool was to be submitted on non-clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)* 													
Clinical Experience	We ek 1	We ek 2	We ek 3	We ek 4	We ek 5	We ek 6	We ek 7	Mid - Ter m	We ek 8	We ek 9	We ek 10	We ek 11	We ek 12
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).													

Comments

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> 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
Competencies:													
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).													
a. Recognize patient drug allergies (Interpreting).													
a. Practice the 6 rights and 3 checks prior to medication administration (Responding).													
a. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).													
a. Review the patient record for time of last dose before giving PRN medication (Interpreting).													
a. Assess the patient response to PRN medications (Responding).													
a. Demonstrate medication administration documentation appropriately using BMV (Responding).													
*Week 11: BMV													

Comments

* End-of-Program Student Learning Outcomes

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

Objective													
<ul style="list-style-type: none"> 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

clinical weeks. As I had not had any clinical experiences during week 7, all objectives for that week should be marked as NA.

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

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

Date	Care Map Top Nursing Priority	Ev Instr
		*

Note: Students are required to submit one satisfactory care map by 11/20/2023 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric.**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective:			6* Develop patient-centered plans	
Date or Clinical Week:						
Criteria	3	2	1	0	Points Earned	
N o t i c i n g	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	
I n t e r p r e t i n g	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)	
R e s p o n d i n g	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	> 75% complete	50-75% complete	< 50% complete	0% complete	

d i n g	frequency					
	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	
R e f l e c t i n g	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>						Total P
						Faculty

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2023
Simulation Evaluations

Simulation Evaluation #1	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Performance Codes: S: Satisfactory U: Unsatisfactory	
	Date: 11/7/2023 or 11/14/2023	Date: 11/27/2023 or 11/28/2023
Evaluation (See Simulation Rubric)		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

- **Reflect on an area of strength after observing/participating in each simulation scenario.**
- **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 comments:

Simulation #2:

A.

B.

Faculty comments:

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Nursing Foundations – 2023**

**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: _____