

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

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

**Student:**

**Final Grade: Satisfactory/Unsatisfactory**

**Semester: Fall**

**Date of Completion:**

**Faculty: Frances Brennan, MSN, RN; Amy Rockwell, MSN, RN;  
Chandra Barnes, MSN, RN; Nick Simonovich, MSN, 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         |                     |

**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
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
<b>Competencies:</b>								NA		S								
a. Identify spiritual needs of patient (Noticing).								NA		S								
b. Identify cultural factors that influence healthcare (Noticing).								NA		S								
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	S		S								
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	S		S								
						CB	FB	FB										
						NA	3T 80			3T 3035								

Clinical Location:  
Patient age\*\*

**Comments**

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

Week 7 (1c,d)- Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience. FB

\* End-of-Program Student Learning Outcomes

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

**Objective**

1. 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>						NA	NS	S		NI								
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	S		S								
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	NA		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/or 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		S								
						CB	FB	FB										

**Comments**

Week 7 (2a,b)- Presley, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. (2a) This competency was changed to a “S” because you performed the head to toe assessment, you demonstrated the correct technique and utilized a systematic approach. You might have forgotten a few minor details but overall did a good job for your first time with a real patient. FB

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

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

**Objective**

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

**Comments**

Week 7 (3a)- This competency was changed to a “NA” because you did not receive a shift report, just a brief report from instructor. Make sure you are rating yourself on competencies actually completed the corresponding week correctly. (3 c,d,e) Great job with the use of medical terminology use while communicating with your patient, reporting abnormal findings, and communicating effectively with your staff RN. FB

\* End-of-Program Student Learning Outcomes

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

Objective																		
3. 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>						NA	S	S		S								
a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	S		S								
b. Document the patient response to nursing care provided (Responding).						NA	S	S		S								
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	S		S								
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						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								
<b>*Week 2 – Meditech</b>		CB				CB	FB	FB										

**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 Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB



g. Demonstrate appropriate skill with wound care (Responding).								NA										
<b>h. Document the location of fire pull stations and fire extinguishers. **</b> (Interpreting).						NA	S	S										
						CB	FB	FB										

Comments

**\*\* You must document the location of the pull station and extinguisher here for your first clinical experience.**

The pull station is located by the hallway on 3T, and the fire extinguisher is located near the nurses' desk on 3T. FB

Week 7 (5 a,b,d,e)- These competencies were changed to a "S", the expectation is not that you are perfect on your first clinical experience. Body mechanics were followed by lowering and raising the bed during your assessment. Foaming in and out of the room demonstrates asepsis. You managed patient care and timely wisely for your first experience. You might not have been perfect, but during future experiences you will learn how to perfect these areas. In the future if you give yourself an "NI" or "U", please state why you self-rated this way. FB

\* End-of-Program Student Learning Outcomes

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

Objective																		
5. 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).								NA		S								
								FB										

**Comments**

\* End-of-Program Student Learning Outcomes

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

Objective																		
6. 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. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA										
*Week 11: BMV								FB										

**Comments**

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

**Objective**

2. 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>						NA	S	S		S								
a. Reflect on areas of strength** (Reflecting)						NA	S	S		S								
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						NA	S	S		S								
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	S	S		S								
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						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	S		S								
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	S	S		S								
g. Comply with patient's Bill of Rights (Responding).						NA	S	S		S								
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	S	S		S								
i. Actively engage in self-reflection. (Reflecting)						NA	S	S		S								
*						CB	FB	FB										

**\*\* Strength/weakness reflection (a,b): 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 7 (8a)-** I felt the communication I had between my patient was a strength. I thought I did a good job at talking my patient through the process and explaining what I was doing. I made sure it was ok with her before I did anything.

**Week 7 (8b)-** I really need to work on assessing my patient thoroughly. I realized I forgot to assess a few areas when documenting my findings. I will improve on this by practicing a head-to-toe assessment on 3 different family members before the next clinical and will have my red folder check off list in front of me to make sure I don't forget something. **Great idea to practice on family members. When you are practicing your red folder will be of benefit, but I would not bring that to clinical with you. You will need to remember in a systematic format all aspects of the head to toe assessment. Your assessment skills are your best tool in determining any changes and abnormalities with your patient. It will become easier the more you perform assessments. Practice, practice, practice. FB**

**Midterm – Presley, you are satisfactory in all related competencies at this point in the semester, great job! Review the comments throughout your tool, reflect on your strengths and weaknesses listed from your first clinical experience, and continue working hard to improve on areas of improvement. These clinical experiences are for growth and progression of learning. Keep up the great effort, we look forward to assisting you on your nursing journey!! FB**

**Week 9 (8a)-** I felt my documentation this clinical was a strength. I felt I did good documenting on interventions that needed to be documented on and leaving interventions blank that I am not able to document on. I am starting to feel more comfortable navigating through Meditech and knowing where each intervention is supposed to go. I am also feeling more comfortable with navigating through the EMR to obtain relevant patient information.

**Week 9 (8b)-** I really need to work on being more efficient with my care. I noticed this past clinical I was making frequent trips to my patient's room to obtain information that I forgot to ask about or assess. I need to work on gathering all relevant data and information needed in the least number of trips instead of going back to my patient's room to ask them a question I forgot to ask or assess. This will help me become more efficient with my care and will be less disturbing to the patient. I will improve on this by practicing on 3 different family members and having them follow along in my red folder noting if I miss an important step.

\* End-of-Program Student Learning Outcomes

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

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.**

Grace,

Nice job on implementing fall safety precautions. Your patient was a high fall risk which means interventions should have been implemented when the high fall risk score was assessed. It was good you recognized appropriate safety signs and symbols were not implemented to communicate your patient's vulnerability to falls and that you responded by putting signs above the bed & in the bathroom and placing a yellow wrist band on your patient. These precautions can be recognizable indicators to other healthcare members providing care to this patient. Doing this, it shows initiative, and good communication skills. According to Skyscape, "Other proven risk factors Keep up the great work!"

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name:		Course Objective: 6* Develop patient-centered plans of care utilizing the nursing process					
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	> 75% complete	50-75% complete	< 50% complete	0% complete		

	included for each intervention						
<b>Reflecting</b>	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		
<p>Total Possible Points= 42 points  42-30 points = Satisfactory  29-18 points = Needs Improvement*  &lt; 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></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>						<p><b>Total Points:</b></p>	
						<p><b>Faculty/Teaching Assistant Initials:</b></p>	

Nursing Foundations 2023  
Simulation Evaluations

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

Simulation #2:

A.

B.

Faculty comments:

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**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: \_\_\_\_\_