

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)
Faculty’s Name			Initials
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
Competencies:								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).						S	NA	S		S								
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	S		S								
						FB	CB	CB										
						3T	NA	NA		3T								
						78yo	NA			54yo								

Clinical Location:
Patient age**

Comments

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

* 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
Competencies:								S		S								
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S	NA	S		S								
b. Use correct technique for vital sign measurement (Responding).						S	NA	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										
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		S								
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		S								
						FB	CB	CB										

Comments

Week 6 (2a,b)- Davondre, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. 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
Competencies:								NA		S								
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	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).						S	NA	S		S								
d. Report promptly and accurately any change in the status of the patient (Responding).						S	NA	S		S								
e. Communicate effectively with patients and families (Responding).						S	NA	S		S								
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	NA	S		S								
						FB	CB	CB										

Comments

Week 6 (3 a,b)- I documented "NA" on received report/hand off due to the fact that I was in the later clinical group. So technically I didn't receive a report/hand off from the assigned nurse, however, I did receive a semi-hand off report from Chandra and Fran when receiving which patient, I would be seeing. I don't know if that counts but just documenting to be safe. Davondre, you rated this correctly, you only need to comment if you rate a "NI" or "U" for a competency in the corresponding week. FB

Week 6 (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 assigned patient. Your patient and husband really enjoyed the communication and that big smile of yours. The patient stated “I would give him a A+” 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
Competencies:																		
a. Document vital signs and head to toe assessment according to policy (Responding).						S	NA	S		S								
b. Document the patient response to nursing care provided (Responding).						S	NA	S		S								
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA	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).						S	NA	S		S								
*Week 2 –Meditech		FB				FB	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/FB

Week 6 (4 a,b,c) Satisfactory job with documentation of head to toe assessment and vital signs. Make note of areas you may have forgot to chart on during this clinical experience, so you can improve on for future clinicals. (4f) Your initial discussion post and response was completed on time and was substantial. An area of improvement would be the in-text citation and reference.

Examples: Reference- Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9th ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

In-text citations- According to Jones (1998), "students often had difficulty using APA style, especially when it was their first time" (p. 199). **or** She stated, "Students often had difficulty using APA style" (Jones, 1998, p. 199), but she did not offer an explanation as to why. **Or** APA style is a difficult citation format for first-time learners (Jones, 1998, p. 199).

If you still need some assistance reference Purdue OWL. FB

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

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

Objective

4. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:								S										
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	NA			S								
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	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).						S	NA	S		S								
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	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).						S	NA	S										
						FB	CB	CB										

Comments

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

Week 6 (5h)- Pull Station is located across from Room 3037 & Extinguisher is located across from Room 3036. 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
Competencies:								NA		S								
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								CB										

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

Comments

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

**** 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 6 (8a)- I would say my strength during clinical was being able to talk to my patient and her husband! I was able to not only talk professionally about the procedure I was going to perform but also personally by getting to know a little bit about their personal lives. It was a very organic conversation and I personally think that it not only took the patients mind off of the procedures being done, but allowed her to boast about her children, grandchildren, healthy marriage, and her husband’s time in the service! Great job, you can gain a vast amount of pertinent information about your patient through conversation. Your patient thoroughly enjoyed you and you gained her confidence because of great communication skills you demonstrated with her. There may be patients that might be more difficult to communicate with, so different approaches may be necessary with different patients. FB

Week 6 (8b)- A weakness for me during clinical would be that I was a little shaky and sensitive when it came to asking the patient to lift her gown because I didn’t want her to be uncomfortable physically or mentally. This resulted in me having to listen to the bowel sounds over the gown, which were very active and clear, however, it didn’t allow for me to assess the skin on her stomach or assess her ostomy bag. I know it’s a nurse’s duty to perform uncomfortable tasks but after talking to the patient, I kind of placed myself in her shoes and thought about how I would feel if it were me. (Sorry for the long explanation) Personal space is definitely not always comfortable when we are performing our duties as a nurse. You will get better at this with experience. Try to practice with different patient scenarios and research ways to approach difficult situations and personal sensitive space issues because important assessments can be missed. FB

WEEK 9- My strength during this week’s clinical would be that I was able to determine why my patient’s electrolytes were imbalanced. I also noticed that the patient’s fingers were clubbed, which wasn’t documented in his chart or expressed during the hand off report. Those two occurrences definitely made me feel as if I somewhat know what I am doing.

WEEK 9- A weakness during this week’s clinical would be that I couldn’t get my patient up and oriented when I first entered the room. He would wake up but instantly fall back asleep while I was taking his vitals. I also felt bad for waking him up because he was a homeless man that was acclimated to “couch surfing”, so I didn’t want to interrupt him sleeping due to him not having a stable/comfortable place to rest outside of his hospital visit. I personally think this will be my primary weakness because I tend to sympathize with people and think of how I would like to be treated if I were in their shoes.

* 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.**

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
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	> 75% complete	50-75% complete	< 50% complete	0% complete		

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

Nursing Foundations 2023
Simulation Evaluations

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

* Course Objectives

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

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

Simulation #1:

A.

B.

Faculty 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: _____