

**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:										S								
a. Identify spiritual needs of patient (Noticing).										S								
b. Identify cultural factors that influence healthcare (Noticing).										S								
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S			S								
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S			S								
						CB	FB			FB								
						NA	3T 70			3T 91								

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

Week 9: Head to toe assessment was completed to verify physical needs. Patient requested that I come back later in the morning to help bathe her and brush her teeth because she wanted to take a nap. I respected her wishes and continued with her morning care when she was ready. **Great job, you respected the wishes of your assigned patient and still got appropriate nursing interventions completed. 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
Competencies:						N/A	S			S								
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).																		
b. Use correct technique for vital sign measurement (Responding).						N/A	S			S								
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	N/A			S								
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										N/A S								
e. Collect the nutritional data of assigned patient (Noticing).										S								
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										N/A								
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										S								
						CB	FB			FB								

Comments

Week 7 (2a,b)- Kara, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. FB

Week 9: Vital sign capture and head to toe assessment were completed with little to no mistakes. Fall/safety assessment was completed and fall precaution interventions were placed (see discussion post for further detail). Nutritional data was collected at breakfast time. The amount of carbs consumed, how much breakfast was eaten, how well the patient tolerated the meal, etc. were documented accordingly.

Week 9 (2a,c)- Great job with patient assessments during this clinical rotation. You provided very thorough and structured assessments. You were able to identify the appropriate focused assessment based on information gathered during the initial assessment. Great job identifying the fall risk for your assigned patient and ensuring all precautions were in place. Make sure to identify a priority problem instead of using a medical diagnosis. For your assigned patient that presented with a UTI, an appropriate priority problem would have been impaired urinary elimination. (2d) This competency was changed to a satisfactory because you assisted with hygiene care, assessing the skin as you performed this care. (2g) You discussed testing and patient status for your assigned patient providing nursing interventions and care needed on clinical and in your CDG. FB

* End-of-Program Student Learning Outcomes

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

Pt had low fall score and does not use any assistive devices to maintain proper gait. Vital sign equipment was used as demonstrated by instructor prior to meeting our pts. Palpation and auscultation were used for assessments such as the bowel assessment.

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

Comments

* End-of-Program Student Learning Outcomes

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

Week 7 (3d)- When nurse entered pt’s room immediately after vitals were taken, I stated how the pt’s blood pressure was low. Nurse acknowledged. Open and honest communication was used throughout the capture of vitals as well as during the head-to-toe assessment. Pt was understanding as I took my time making sure I assessed what I needed to during the head-to-toe assessment. I received a brief report from clinical instructor, not assigned nurse. Hand off reports were not given during this clinical experience. **FB**

Week 7 (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 staff RN. FB

Week 9: Report was received at the beginning of shift change from assigned nurse. Hand-off report was given to the patient's nurse at the end of the clinical day. Proper medical terminology was used throughout the clinical experience as necessary. Whenever an update with my patient occurred, I reported all updates to the nurse as quickly as possible as to stay on the same page. Open and honest communication was used when speaking with the patient. Patient stated that she appreciated me verbalizing everything I was about to do with her so she knew what I was doing at all times. All patients requests were met in a timely manner.

Week 9 (3a,b)- Great job receiving and providing pertinent information during shift report, and hand off report. Appropriate medical terminology was used during all communications provided. Good job communicating appropriately to staff RN and other health care disciplines when necessary. FB

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:						N/A	S			S								
a. Document vital signs and head to toe assessment according to policy (Responding).						N/A	S			S								
b. Document the patient response to nursing care provided (Responding).						N/A	S			S								
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				N/A	S			S								
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S								S								
e. Provide basic patient education with accurate electronic documentation (Responding).										S								
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	S			S								
*Week 2 –Meditech		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

Week 7 (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.

Week 9 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job! (4f)- CDG was appropriately posted following the CDG rubric, on time, and in a substantive manner. Your response to a peer was also within all guidelines. Keep up the great work. 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:						N/A	N/A S			S								
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						N/A	S			S								
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	S			S								
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										S								
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						N/A	N/A S			S								
e. Organize time providing patient care efficiently and safely (Responding).						N/A	N/A S			S								
f. Manages hygiene needs of assigned patient (Responding).										S								
g. Demonstrate appropriate skill with wound care (Responding).																		
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						N/A	S											
						CB	FB			FB								

Comments

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

Week 7 (5h) The fire extinguisher is located across from room 3035, and the pull station is located across from room 3037. * FB

Patient care was not performed during this clinical experience. Once vitals and head-to-toe assessment were obtained, patient was asked if they needed anything such as a drink of water, and they responded with "No thank you, I am fine for now."

Week 7 (5a,d,e)- These competencies were changed because you demonstrated body mechanics by lowering or raising bed for assessments. You also performed vital signs and head to toe assessments in a timely manner keeping in mind the care needs of your patient. Assessments and vital signs can be considered care needs. FB

Week 9 (5 d,e)- Nice job with the management of the care you provided to your assigned patient. You organize your time appropriately to provide safe, efficient care while making sure to provide care that contributes to positive patient outcomes. (5f)- Nice job encouraging and providing hygiene care for your assigned patient. 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: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).										S								
										FB								

Comments

Week 9 (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. FB

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

Comments

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

**** Strength/weakness reflection (a,b):**

Week 7 (8a)- Strength: An area of strength for me was obtaining vital signs. I am familiar with using the vital sign machine through my work as a PCT, so I was rather comfortable and confident in obtaining vital signs. Another strength for me was building rapport with my patient. I asked him questions pertaining to fun facts about himself that made us smile and laugh. This made the patient feel more comfortable and at ease. **Great job with communication skills, it is very important to gather valuable information. FB**

Week 7 (8b)- Weakness: I am having a difficult time remembering which questions to ask when during the head-to-toe assessment. I will practice head-to-toe assessment with a focus on asking all appropriate questions on at least 3 people this week. **Great idea, practice will help you improve. Try remembering each system as you move down the body and all areas of assessment that need to be completed. FB**

Week 9: Strengths: This week, I felt much more confident in the head-to-toe assessment. I knew when and how to assess each system, and I remembered what important questions I needed to ask during my assessment, including pain, last BM, etc. I also feel confident in my patient care. I successfully performed basic hygiene needs for my patient, including bathing, brushing teeth, gown change, and bed change. I also knew which fall precautions were missing from my patient's room and implemented missing precautions immediately. **Great job Kara, you provided excellent care of your assigned patient during this clinical rotation. FB**

Weaknesses: There were a couple areas in clinical documentation that I was not confident with, the most prominent area being documenting physical re-assessment. There were numerous areas that I omitted or documented incorrectly. I really want to get better in documenting this area since it is such an important piece of documentation. To improve upon this weakness, I will pay closer attention during morning hand-off report about patient characteristics that will help me determine which options under physical re-assessment apply to my patient. My goal is to have no more than three physical re-assessment documentation mistakes by the next clinical experience. **Great thought, my suggestion would be to practice documentation in the library or lab in the play hospital. The more experience you get with the documentation required the better you will get documenting all pertinent information. I cannot stress enough how very important documenting accurately, thoroughly, and in a timely manner is to providing great patient care. Great patient care yields positive patient outcomes. FB**

Week 9 (8f)- You are rated unsatisfactory for this competency because you did not turn in the appropriate tool. You should have completed the midterm tool and placed in the dropbox, since it is the latest tool. It is very important to pay attention to detail. You will have to complete the midterm tool transferring everything that I have documented on this tool and address this competency as directed at the beginning of the evaluation tool. **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.** This will need to be completed by 10/25/2023 at 1500. FB

Week 9 Unsatisfactory: I received a "U" under skill 8f because I failed to turn in the appropriate documentation tool for this week. I will correct the problem by turning in the proper document within the timeframe suggested by the instructor. From now on, I will make sure to turn in the correct documentation.

* 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: _____