

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

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

Student: Kylee Cheek

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

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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 Policy)			
		Date	Number of Hours	Comments	Make Up (Date/Time)
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			Initials
Clinical Discussion Group Grading Rubric		Chandra Barnes			CB
Lasater Clinical Judgment Rubric		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	S	NA						
a. Identify spiritual needs of patient (Noticing).								NA		S	S	NA						
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	S	NA						
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	S		S	S	NA						
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	S		S	S	NA						
						CB	CB	CB		AR	HS							
						3T 72	NA	NA			3T 95							

Clinical Location;
Patient age**

- Week 7: Put NA for all due to no clinical. AR
- Week 11: NA for all due to no clinical.

Comments

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

Week 9- (1c,d)- You did a great job caring for your patient this week, while respecting her needs and preferences. AR

Week 10-(1c,d)- Great job this week listening to your patient and providing the care based on his needs as well as his preferences especially during hygiene.

****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																		
2. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid - Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S	NA	S		S	NI	NA						
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S	NA	S		S	NI	NA						
b. Use correct technique for vital sign measurement (Responding).						S	NA	S		S	S	NA						
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	NA		S	S	NA						
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S	S	NA						
e. Collect the nutritional data of assigned patient (Noticing).								NA		S	S	NA						
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		NA	NA	NA						
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		S	S	NA						
						CB	CB	CB		AR	HS							

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 patients left knee was warm compared to the right, and you were able to use your clinical judgement to further assess the situation by reviewing previous assessment findings. Great job! CB

Week 9 (2a-e)- Overall you did a great job with all assessment skills this week, including the John Hopkins Fall Score. Keep up the good work. AR

* End-of-Program Student Learning Outcomes

A) Week 10: NI: During the head to toe I did not pull the gown down and check the back of his arms. I made sure to complete everything else in the head to toe assessment. I just need to improve on looking at the parts of the body that are covered by the hospital gown.

Week 10 (2a)- I agree with the NI for this competency because you did not identify the insulin monitor on the patients arm until the hygiene care provided on day 2. Be sure to always complete a thorough head to toe assessment. HS

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

Objective																		
3. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid - Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S	NA	NA		S	S	NA						
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	NA	NA		S	S	NA						
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	NA		NI	S	NA						
c. Use appropriate medical terminology in verbal and written communication (Responding).						S	NA	S		S	S	NA						
d. Report promptly and accurately any change in the status of the patient (Responding).						S	NA	S		S	S	NA						
e. Communicate effectively with patients and families (Responding).						S	NA	S		S	S	NA						
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	NA	S		S	S	NA						
						CB	CB	CB		AR	HS							

Comments

Week 6(3e): Kylee, 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 A were changed to “NA” because you did not receive report from the nurse at the beginning of clinical. CB

Week 9 (3b)- You have received a needs improvement (NI) related to providing hand off report this week due to the fact you stated you didn't know how to give this report. This has been discussed and practiced numerous times so far this semester, so be sure to review the hand off report document and the examples we have done in class and the skills lab. (2e,f)- Your communication started off timid but as the day progressed you became more comfortable with the patient, team members, and clinical setting. This will get better each time you are on clinical. AR

Week 10 (3 c,e)- You did a nice job this week in communicating with the patient and the nurse. The patient began to become upset because of being NPO for the swallow evaluation, and you were able to explain that to the patient and then also notify the nurse about it as well. HS

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

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

Objective																		
4. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid - Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S	NA	S		S	S	NA						
a. Document vital signs and head to toe assessment according to policy (Responding).						S	NA	S		S	S	NA						
b. Document the patient response to nursing care provided (Responding).						S	NA	S		S	S	NA						
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA	S		S	S	NA						
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						S		S	S	NA						
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		S	S	NA						
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	NA	S		S	S	NA						
*Week 2 –Meditech		CB				CB	CB	CB		AR	HS							

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 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. Great job on your first CDG, you met all requirements of the grading rubric. The proper intext for the Potter and Perry textbook is, (Potter et al., 2019). CB

Week 9 (4a,b)- Overall you did a great job with Meditech documentation. There were a few reminders and revisions needed however as you continue to go through clinical experiences you will become more comfortable with documentation. Be sure to utilize the intervention list so you don't miss anything you are supposed to document throughout your day. (4f)- Satisfactory clinical discussion group posting and reply to a peer according to the CDG Grading Rubric. Continue to provide accurate and in-depth information in your postings as they progress through the semester. Great job this week! AR

Week 10 (4b,c)- You did a nice job this week documenting your care and learning how to navigate within the patient chart. (4f)- Nice job this week on your CDG, very nice initial post being sure to answer the questions and then on responding to your peers. HS

* End-of-Program Student Learning Outcomes

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

Objective																		
5. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S	NA	S		S	S	NA						
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	NA	S		S	S	NA						
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	S		S	S	NA						
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		NA	NA	NA						
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	NA	S		S	S	NA						
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	S		S	S	NA						
f. Manages hygiene needs of assigned patient (Responding).								NA		S	S	NA						
g. Demonstrate appropriate skill with wound care (Responding).								NA			NA	NA						
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	NA	S										
						CB	CB	CB		AR	HS							

Comments

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

Week 9 (5f)- Great job discussing your patient's hygiene needs with her even though she initially refused care! AR

Week 10 (5e)- Nice job especially on getting right into the patients room and getting started with your care at the beginning of the shift. HS

* End-of-Program Student Learning Outcomes

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

Objective																		
6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:								NA		S	S	NA						
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								CB		AR	HS							

Comments

Week 9 (6a)- You noticed numerous ‘findings’ and were able to “put the pieces together” to determine what your patients needs were, along with what care they needed. This will continue to get easier with each clinical experience. AR

Week 10 (6a)- Your patient this week required a lot of help in completing his daily activities, nice job on identifying the barriers that existed based on his history. Nice job identifying that he had visual deficits and how that impacted parts of his daily routine. HS

* End-of-Program Student Learning Outcomes

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

Objective																		
7. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:								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				NA						
*Week 11: BMV								CB										

Comments

* End-of-Program Student Learning Outcomes

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

Objective

8. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*

	Wee k 1	Wee k 2	Wee k 3	Wee k 4	Wee k 5	Wee k 6	Wee k 7	Mid - Ter m	Wee k 8	Wee k 9	Wee k 10	Wee k 11	Wee k 12	Wee k 13	Wee k 14	Wee k 15	Ma ke- Up	Fin al
Clinical Experience																		
Competencies:						S	NA	S		S	S	NA						
a. Reflect on areas of strength** (Reflecting)								S		S	S	NA						
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						S NI	NA	NI		S	S	NA						
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	S		S	S	NA						
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).						S	NA	S		S	S	NA						
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	S	NA						
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	S		S	S	NA						
g. Comply with patient’s Bill of Rights (Responding).						S	NA	S		S	S	NA						
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	NA	S		S	S	NA						
i. Actively engage in self-reflection. (Reflecting)						S	NA	S		S	U	NA						
*						CB	CB	CB		AR	HS							

**** 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,b):

- For my strengths, I thought I communicated well with the patient and tried to ensure the patient had a comfortable experience. The patient also had a few things that I was not able to check due to the immobility and pain of the affected area, so I made sure to inspect and ask questions about that area. **Great job, Kylee. Communication is key to a great patient nurse relationship, and no matter what always ask your patient questions, that is how you are going to get your best information. CB**
- For my weaknesses, I need to improve my skills with Meditech and locate certain places more easily. Also, how to edit documentation better. **Kylee, learning meditech will come with more time and experience. I changed your competency 8b from a "S" to a "NI" because you need to be specific about how you are going to improve your weakness. There is an example above if needed. CB**

Week 9:

- When asked about my strengths, I Believe that I met all my patients' needs. Our communication was smooth, and I quickly understood the requests. When doing the head-to-toe assessment, I ensured my patient was comfortable and explained everything before acting. **Great job! AR**
- My weakness was still the documentation. There were a few things that I needed clarification on, but after getting an explanation of why it was wrong, I understood my mistake. For the next clinical day, I have a note written in my notepad a reminder of how to document that area correctly. **This is a good plan for improvement. I think you will see a big improvement in your skills and comfort with each clinical experience. AR**

Week 9- Overall you did a good job in clinical this week. With each experience you will become more comfortable. Keep up the good work! AR

Week 10:

- My strengths for this week would be attending to my patients' needs. He had some disadvantages due to stroke like symptoms which included right-sided weakness. I helped him eat, go to the bathroom, bathe him, and I was there just to have someone to talk to. He got a little lonely being in his room all by himself, so he would ask me to stay to talk and I would.
- My weakness for this week was checking the covered parts of the body during the head to toe. I had missed the back of his arm and my patient had a patch there. For the next clinical I will make sure to take off the gown and fully check the arms so I do not miss anything that is major. **I would agree, it will become easier to interact with your patients as the weeks go by. You will notice that patients do become lonely or may even become depressed the longer they are hospitalized and if they are not having visitors come to see them. I would agree with the weakness, be sure to move the gown during the assessment however don't completely take off the gown leaving the patient exposed unless you are bathing the patient you can do one area at a time.**

Week 10 (8 i)- You received a U for this competency because you did not self-evaluate yourself. HS

* 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
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	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		

n d i n g	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* *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>	

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

Simulation Evaluation		
	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

- 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. In this simulation lab, my partner and I communicated well. We communicated when I needed to administer the medications, and we worked around each other during that process so that we both could get the stuff done that we needed to. With the medication administration, I did a good job getting the three checks of the medication on the MAR and making sure to follow the six rights of the drug administration.
- B. For my area of improvement, I would be more confident and ask the correct questions to the patient before administering. I had forgotten to ask the patient about allergies, and I had left the room without the meds to get the patient water to help with the pills. For the next simulation, I will recover our material and

make sure I'm more prepared. From the debriefing, I will incorporate everything I missed or did wrong. I will also be more confident in what I do in the simulation lab next time.

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: _____