

**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)
11/10/2023	1H	Sim #1 survey not done	
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.**

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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	NA	S	NA	S				
a. Identify spiritual needs of patient (Noticing).								NA		S	NA	S	NA	S				
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	NA	S	NA	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	S		S	NA	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	S		S	NA	S	NA	S				
						CB	FB	FB		AR	AR	AR	AR					
						NA	3T 80			3T 3035	NA	3T 3028 .2	NA	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

Week 9- You were able to coordinate and complete all care for your patient while respecting their preferences and needs. This is an important part of being a competent RN. Great job! AR

Week 11 (1c,d)- You did a great job in all aspects of care for both your patient's this week, and respected their needs, preferences, and differences. Good job. AR

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

**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

Week 9 (2a)- You gave yourself a “NI” for assessment skills. This was your first time having a “full” clinical day and you will continue to improve with each clinical experience. (2g)- Satisfactory with discussing diagnostic findings and relating them to your patient. We did not have a lot of time to go too in-depth with our discussion and will continue to work together on this through the semester. AR

Week 11 (2a-d)- Great job in all areas of assessment for each of your patient’s this week! You were more confident than in previous clinical experiences; this confidence will continue to grow with each clinical experience. One of your patient’s required orthostatic vital signs and you did a great job. Prior to the procedure you discussed it with faculty and only need a little prompting regarding timeframes. You assessed the patient for lightheadedness, etc. throughout the vital signs. Great job! (2f)- NA as you did not care for a patient with a NG tube this week. (2g)- Time was spent reviewing where to find diagnostic data, reports, etc. in Meditech. Once you were confident where to look you were able to review and discuss your patient’s diagnostic test results. Be sure to review these areas on Meditech each time you are on clinical; you will become more comfortable over time. AR

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

**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

Week 9 (3e,f)- You had very good communication with your patient, fellow students, healthcare team members, and instructors. You will be even more comfortable with communicating as you have subsequent clinical experiences. You readily assisted a fellow student with her patient's hygiene and bed change. Great job. AR

Week 11 (3a,b,d)- Good job obtaining and giving hand-off report this week. I noticed a great deal of improvement from you last clinical experience. (3e,f)- Great job communicating with your patients and your patient's roommate. You went out of your way several times to assure the other patient in the room had what he needed and sought out assistance to get him earbuds. Keep up the great work! AR

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

**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* (9<sup>th</sup> ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24<sup>th</sup> 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 (4a)- Your Meditech documentation required a great deal of assistance and revision, therefore I have evaluated this competency as “needs improvement”. When documenting during future clinical experiences, be sure to go slowly and make sure you are adding all pertinent and required information and that you are only documenting one time per intervention/time. With time and practice your documentation will become easier and more thorough. (4f)- Satisfactory clinical discussion group posting and reply to a peer, following the CDG Grading Rubric. Keep up the good work! AR

Week 11 (4a,b)- Very minimal assistance needed with Meditech documentation this week! This shows you used the feedback given and worked hard to improve your documentation. Keep up the great work! (4f)- Satisfactory clinical discussion group post and reply to peer, following the CDG Grading Rubric. For future posts, be sure to elaborate on important details such as the diagnostic test results and what the findings mean to your patient. This will get easier with time and practice. AR

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

**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

Week 9 (5e)- You evaluated yourself as “needs improvement” for this competency. While you can I prove with organization, your care was safe and efficient. This was your first “full” clinical experience and was overwhelming at times. You will grow with these skills as you continue through the semester and program. AR

Week 11 (5d,e,f)- You utilized very good time management and organizational techniques while on clinical this week, and accomplished all tasks in a timely manner. Great job with providing patient hygiene! You continue to show improvement in these areas with each clinical experience. Great job! AR

\* 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>								NA		S	NA	S	NA	S				
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								FB		AR	AR	AR	AR					

**Comments**

Week 9 (6a)- Through research and discussion you were able to utilize beginning clinical judgment skills and plan appropriate care for your patient. This too will improve with each clinical experience you have. Keep up the good work. AR

Week 11 (6a)- You continue to be satisfactory in the use of beginning clinical judgment skills to plan and care for your patients. At times your thinking is more “black and white” rather than “putting various pieces of the puzzle together”, however with more clinical experience you will put more of those pieces together. AR

\* 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					NA	S				
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					NA	S				
b. Recognize patient drug allergies (Interpreting).								NA					NA	S				
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					NA	S				
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					NA	S				
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					NA	NA				
f. Assess the patient response to PRN medications (Responding).								NA					NA	NA				
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				S	NA	S				
*Week 11: BMV								FB				AR	AR					

Comments

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

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

\* 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 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. Many parts of your documentation was on track, while other areas needed assistance and revision. This will get better each clinical day. AR

**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. This is an excellent plan for improvement. I am sure you will find yourself doing much better with your next clinical experience. The first one is very overwhelming and overall you did a great job! AR

**Week 11 (8a)-** I felt I did a good job on assessing my patient this week and gathering all relevant data in the least number of trips. I did a good job assessing and asking pertinent questions needed for documentation. Previous clinical experiences I would forget to ask certain questions or forget to assess a handful of areas but with each passing clinical I am building on each and heading in the right direction. I can also say that I am really starting to get down where certain interventions are to be documented under and how often you are to reassess (vital signs, focused assessment, pain assessment, etc.). I agree. You showed a lot of improvement in documentation this week! Keep it up! AR

**Week 11 (8b)-** I really need to work on locating patients' dorsalis pedis and posterior tibialis pulse sites because I always ask for help as I am never able to find them on my own. I feel like I'm either not in the correct area or that they are so diminished I can hardly tell they are there. There have been times I have thought I was just feeling my own pulse because I was possibly pushing too hard. I can work on this by locating and palpating these pulse sites on 3 different family members at home. This will help me get better and will help me recognize the difference in pulse strengths among different individuals and age groups. The more practice you can get the better you will get at assessment skills. This is a good plan for improvement. Overall you did a great job during clinical this week and continue to show improvement. Keep up the great work! AR

**Week 13 (8a)-** I thought I did a good job with administering medications for the very first time. I thought the pyxis machine went smoothly, performing the three safety checks regarding the six rights of medication administration, the barcode scanner, and then safely administering them. In all honesty, I was expecting it to be more complicated than what it was. I can only imagine it is more complicated when caring for more patients.

**Week 13 (8b)**- I need to work on giving shots. I was nervous to give the flu shot to my patient. I started counting down and then went to insert it and pulled back. Luckily, of all people my patient was the one to do that on because she was very understanding, and we created a good relationship during her hospital stay. I can work on this by reviewing medication administration in our textbook and the medication administration module on ATI. However, with more experience this will become second nature.

\* End-of-Program Student Learning Outcomes

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

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>										
	<b>Week 1 (4)*</b>	<b>Week 2 (2,3,5,8)*</b>	<b>Week 3 (2,3,4,5,8)*</b>	<b>Week 4 (2,3,4,5,8)*</b>	<b>Week 5 (2,3,4,5,8)*</b>	<b>Week 6 (1,2,3,4,5,8)*</b>	<b>Week 7 (2,3,4,5,8)*</b>	<b>Week 8 (2,3,4,5,8)*</b>	<b>Week 9 (2,3,4,5,8)*</b>	<b>Week 10 (2,3,4,5,6,8)*</b>	<b>Week 11 (2,5,7)*</b>
	<b>Date: 8/21/2023</b>	<b>Date: 8/30/2023</b>	<b>Date: 9/8/2023</b>	<b>Date: 9/13/2023</b>	<b>Date: 9/20/2023 &amp; 9/21/2023</b>	<b>Date: 9/27/2023</b>	<b>Date: 10/4/2023</b>	<b>Date: 10/11/2023</b>	<b>Date: 10/18/2023</b>	<b>Date: 10/25/2023</b>	<b>Date: 10/31/2023</b>
Performance Codes:											
S: Satisfactory											
U:Unsatisfactory											
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	NS	NS	NS	AR	AR	FB	AR	NS/AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\*Course Objectives

Firelands Regional Medical Center School of Nursing  
Nursing Foundations 2023  
Skills Lab Competency Tool

Student Name: Presley Stang

Comments:

**Week 1 (Technology Lab):**

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. AR

**Week 2 (Hand Hygiene; Vital Signs; PPE):**

During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.
- Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! AR

**Week 3 (Vital Signs):**

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 154/88, and you identified it as 156/88, great job! The second measurement was set at 128/92 and you interpreted it as 128/90, well done! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You only required one prompt related to obtaining a blood pressure in both arms during the supine position to determine the highest systolic pressure. You provided accurate detail in your communication with the “patient”. Your documentation was spot on. Keep up the great work!! NS

**Week 4 (Assessment):**

Satisfactory with head to toe assessment guided practice, hand-off report activity, and Lexicomp/Intranet navigation activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. NS

**Week 5 (Assessment; Mobility):**

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You only required one prompt throughout your while check-off related to completing a full pain assessment. You correctly identified lung sounds as crackles, nice job! You demonstrated friendly, professional, and informative communication. Great work! NS

Feedback on documentation this week: You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below with very minimal omissions. You were thorough in reading the directions and navigating the interventions. Truly great work!

- Pain – omitted “physician already aware” comment. Otherwise, accurate and complete.
- Vital signs – accurate and complete.
- Safety – accurate and complete.
- Physical assessment – accurate and complete.

Mobility Lab 9/21/2023: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. NS

**Week 6 (Personal Hygiene Skills):**

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD’s, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! AR

**Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):**

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to performing a GI assessment prior to beginning the procedure. You did require one prompt during irrigation as a reminder to verify tube placement with aspiration and check “cm” marking at the nare. No prompts were needed during removal. Excellent patient education and communication provided! Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! AR

**Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):**

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. Two prompts were needed one for applying the StatLock Foley stabilization device procedure, and the other for the labeling of foley catheter bag with orange label provided in the kit during the insertion of the foley catheter. Great job! You maintained the sterile field throughout the Foley insertion, did not contaminate the catheter or your gloves at any point, and had very good communication with your “patient”. Great job! You also recognized when you broke sterile field and verbalized correction for maintaining a sterile environment, great job! You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work!!! FB Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Feedback and remediation were provided as needed during the documentation review. Great job! CB

**Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):**

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the sterile field and followed aseptic technique throughout. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Great job this week! AR

**Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):**

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

**Week 11 (Medication Lab):**

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR



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
<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		
Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 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>  <b>Faculty/Teaching Assistant Comments:</b>						<b>Total Points:</b>	
						<b>Faculty/Teaching Assistant Initials:</b>	

Nursing Foundations 2023  
Simulation Evaluations

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

\* 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. I thought I did a good job checking the eMAR, looking the meds up on Skyscape, and communicating with the patient what meds they were going to be taking and their intended use. However, I felt discouraged after the simulation because I thought I did a horrible job and let my group down. I felt like a deer in headlights but I must give myself credit because I have had little experience with this. My clinical for passing meds isn’t until next week and the computers crashed the day my group had BMV. **With time and practice you will be much more comfortable with medications and BMV. AR**
- B. I need to work on explaining medications in simpler terms, so the patient understands rather than using medical jargon. I also need to work on managing my time. At first, I wasn’t sure what I was supposed to do while Tylie was assessing. I then realized I should have been using that time to look up the medications in Skyscape including their classifications, indications, and reactions/side effects so I wasn’t rushed once Tylie finished assessing. I also forgot to grab the medications from the pyxis machine. I can improve on these areas by reviewing the medication administration ATI module and reading through the medication administration chapter in our textbook. I will review this material twice before my final clinical next week and before the next simulation. **This is a great plan for improvement! AR**

Simulation #2:

A.

B.

Faculty comments:

# Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer**

STUDENT NAME(S) AND ROLE(S): Tylie Dauch(M), Presley Stang(A), Kailee Felder(O), Karlie Schnellinger(O)

GROUP #: 3

SCENARIO: NF Simulation #1

OBSERVATION DATE/TIME(S): November 7, 2023 1000-1100

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Assessment nurse introduced self and role. Noticed temp 99.2, SpO2 of 91% RA, HR 81, RR 20, B/P 131. Noticed Spo2 at 91% on RA. Did not seek further information on patient’s cough (remediated during debriefing). Pain assessment performed. Noticed abnormal lung sounds upon auscultation (wheezing; remediated during debriefing). Noticed tissues in patient’s bed. Noticed yellow sputum in the tissues. Recognized proper safety protocol during assessment and medication administration by properly raising HOB and adjusting bed height. Medication nurse introduced self and role when entering the room. Accurately identified patient name and date of birth. Noticed indications for all medications ordered. Noticed potential adverse reactions and side effects.</p>
<p><b>INTERPRETING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>						<p>Prioritized respiratory status. Interpreted low SpO2 of 91% as requiring oxygen per physician’s order. Interventions of raising the head of the bed were attempted first. Interpreted abnormal lungs sounds as related to diagnosis of pneumonia. Promoted to assess bilateral heels after complaints of pain. Placed pillow under heels, did not assess heels (remediated during debriefing). Interpreted side effects of medications appropriately. Difficulty interpreting scheduled medications times and what medications should be given (remediated in debriefing).</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</b></p>						<p>Practiced standard precautions with hand hygiene before entering the room.</p>

<ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Promptly performed a head-to-toe assessment.</p> <p>Collaborative communication between assessment and medication nurse.</p> <p>Communicated with patient about interventions being performed, with questions answered appropriately.</p> <p>Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician’s orders.</p> <p>Responded to the patient’s complaints of pain to bilateral heels by initiating a pillow to offload pressure, did not assess for redness (remediated in debriefing)</p> <p>Remember to re-evaluate SpO2 after oxygen applied.</p> <p>Communicated all medications to patient, not ordered am medications. Consider when the patient informs you that a medication is taken at another time to communicate this with the physician (remediated during debriefing).</p> <p>Education provided to patient on use of home oxygen therapy and incentive spirometer. Consider teach back method as evaluation of patient’s understanding of education.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient cough and deep breath to improve Spo2 levels. Observers discussed other potential educational needs related to the scenario. Noticed the need for the use of the six medication rights. Identified positive communication between team members and with the patient.</p> <p>Participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. Good discussions amongst all members of the team. Nice job!</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Beginning” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing:</p> <p>Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information.</p> <p>Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment.</p> <p>Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues</p>

<p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *</li> <li>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *</li> <li>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> <li>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *</li> </ul>	<p>unrelated information.</p> <p><b>Interpreting:</b></p> <p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data.</p> <p>In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance.</p> <p><b>Responding:</b></p> <p>Generally, displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations.</p> <p>Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport.</p> <p>Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response.</p> <p>Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p><b>Reflecting:</b></p> <p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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**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: \_\_\_\_\_