

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

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
Heather Schwerer, MSN, RN; Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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
Heather Schwerer			HS
Brittany Lombardi			BL

Stacia Atkins	SA
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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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify spiritual needs of patient (Noticing).																
b. Identify cultural factors that influence healthcare (Noticing).																
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	N/A	S								
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	N/A	S								
Clinical Location: Patient age**		NS				BL	CB									
		Meditech Orientation				N/A	N/A	3T 53								

Comments

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

* End-of-Program Student Learning Outcomes

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

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

Comments

* 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 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	N/A	S								
d. Report promptly and accurately any change in the status of the patient (Responding).						N/A	N/A	S								
e. Communicate effectively with patients and families (Responding).						N/A	N/A	S								
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						N/A	N/A	S								
		NS				BL	CB									

Comments

* 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Document vital signs and head to toe assessment according to policy (Responding).						N/A	N/A	S								
b. Document the patient response to nursing care provided (Responding).						N/A	N/A	S								
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				N/A	N/A	S								
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S														
e. Provide basic patient education with accurate electronic documentation (Responding).																
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	N/A	S								
*Week 2 –Meditech		NS				BL	CB									

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

* 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						N/A	N/A	S								
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	N/A	S								
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).																
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						N/A	N/A	S								
e. Organize time providing patient care efficiently and safely (Responding).						N/A	N/A	S								
f. Manages hygiene needs of assigned patient (Responding).																
g. Demonstrate appropriate skill with wound care (Responding).																
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						N/A	N/A	S								
		NS				BL	CB									

Comments

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

Week 8- There is a fire pull station by the nurse's station and a fire extinguisher by room 3010. (Gracey Crabtree).

* 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).																
		NS														

Comments

* End-of-Program Student Learning Outcomes

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

Objective

6. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*

[illegible]

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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Reflect on areas of strength** (Reflecting)						N/A	N/A	S								
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	N/A	S								
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	N/A	S								
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).						N/A	N/A	S								
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						N/A	N/A	S								
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A NI	N/A	S								
g. Comply with patient’s Bill of Rights (Responding).						N/A	N/A	S								
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						N/A	N/A	S								
i. Actively engage in self-reflection. (Reflecting)						N/A	S NA	S								
*		NS				BL	CB									

Comments

* End-of-Program Student Learning Outcomes

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

**** Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, “I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP’s with at least three members of my family this week.” Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

Week 6-8(f) This competency was changed to an “NI” this week because you did not submit the correct Clinical Evaluation Tool by the due date and time. As a friendly reminder, be sure that you are uploading the correct version of your tool with the previous instructor’s feedback and initials present. It is always a good idea to open and double check your document after you have submitted it too. If you have any questions about this process or need assistance, please do not hesitate to reach out to any of the faculty. BL

- week 7 clinical tools. N/A did not have clinical. For week 7 clinical experience I put S for the box in reflecting. (heres why)- I will work on being more professional and being more prepared and reaching out to instructors if I need help. For lab I will work on listening more and paying more attention to labels and ingredients on materials used in lab. For example, I was practicing my NG placement for lab check off and wasn’t wearing any gloves. I ended up having an allergic reaction to the mannequin lube used in lab. This is something I will work on and remember to always wear gloves when practicing and checking off, while also remembering to be cautious and read ingredient labels and be aware of what I’m touching. Referring to week 6 and further clinical days and tools I will be sure to send in the proper clinical tool with the comments on time and show professional behavior and responsibility. Thank you for the help. -Gracey Crabtree. **Gracey, thank you for your self-reflection, although I changed competency 8i to a “NA” due to you not having clinical. You can only self-rate “S” or “NI” if you are actually in clinical. You have a great plan in place and being accountable is a great way to show professionalism. CB**

Week 7- thank you for replacing it with an NA, I was unsure if I had to put an S because I self-reflect on myself in the comments. I appreciate the words of encouragement and will keep that in mind from now on. (Gracey Crabtree).

Week 8- through this clinical I was feeling very overwhelmed and stressed about forgetting things. For my Head-to-Toe Assessment I feel I was very overwhelmed and nervous, so I ended up forgetting things and having to go back in the room and reassess or ask more questions. In the future I feel if I were to calm my nerves more and just relax, I think it would help me be more focused on the task at hand. Especially if I didn’t rush, I think I would have remembered more of the assessment or things I forgot, which would eliminate me having to go in and out of the room. Other than that, I felt my clinical experience for my first time went a lot better than I thought it would be walking into it. I think there are areas of improvement when it comes to being nervous and just taking my time. But overall, I had a great experience and will continue to build on the things I’m taught. Therefore, that is why I put an NI for my head-to-toe assessment, mainly because of the rushing and being nervous. Which I feel could have gone differently if I was calmer and tried to remember things while I was in the room. (Gracey Crabtree).

*** 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 11/18/2024 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 by 11/25/2024 at 0800 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:			
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if no in-text citation AND reference is included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2024
Simulation Evaluations

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/5/2024 or 11/12/2024	Date: 11/25/2024 or 11/26/2024
Evaluation (See Simulation Rubric)		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

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: _____