EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Gracey Crabtree

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty eSignature:

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

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
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

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

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).									NA	S						
b. Identify cultural factors that influence healthcare (Noticing).									NA	S						
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	N/A	S	S	S						
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	N/A	S	S	S						
		NS				BL	CB	CB	CB							
Clinical Location; Patient age**		Meditech Orientation				N/A	N/A	3T 53	NA	3T 84						

Comments

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

Week 8(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, being able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 8- thankyou. I feel I can build off of these skills in the future to help me better understand patients' needs and feelings with certain skills and procedures they need to undergo.

Week 9- this week was more challenging because my patient was confused. So therefore, being able to fully understand their spiritual needs was more difficult. My patient stated that he believed in God, but didn't have preferences when it came to his care. Moving forward I feel if I check the chart to see if there is any previous history of spiritual beliefs it would be easier to address these concerns with my patient even if they are unable to communicate that themselves.

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

Comments

Week 8(2a,b): Gracey, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I read your comment below regarding why you gave yourself an "NI" for your head-to-toe assessment, with more experience and practice and also documenting in your patient's room, will help with going in and out of the room and forgetting steps of the assessment. I changed competency "2c" to a "NA" because you did not perform a safety assessment during this clinical. CB

Week 8- thank you for changing my S to an NA, I must have overlooked that one by mistake and for future clinical tools I will double, and triple check my comments and ratings to make sure that doesn't happen again.
Week 9- for objective 2F I put an NA because my patient did not have an NG tube to assess or put in place. Therefore, i was unable to rate myself for that objective. I hope in the future I get to experience an NG tube at some point throughout my clinical.

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

Comments

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting abnormal findings, and communicating effectively with your staff RN. I changed competency “3b” to a “NA” because you did not give a hand off report on your patient at the end of clinical. CB

Week 8- thank you for the nice comments, regarding 3b changing it to an NA I will be sure to double and triple check my clinical tool before handing it in to avoid this mistake in the future, thank you for correcting it!

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

Comments

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

Week 8(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You

completed your first cdg, meeting all requirements per the grading rubric, excellent job! Gracey, when completing an intext citation please refer to the hand-out that Nick and Brittany handed out in class. The intext citation in your cdg should have been written (Myers, 2023). CB
Week 8- thank you for all of the uplifting and encouraging comments! As for my CDG I understand my intext citation was not correct. For the future I plan to look at other citations and the rubric to use as references when checking to make sure my in text citation is correct in the future. Therefore, it will be better for me because I will have double and tripled checked based off the rubric and others CDG's to make sure mine is in the correct format.
Week 9- as for my week 9 objective 4, I put all S for those ratings. I feel that at times it was difficult for me to communicate with my patient because of his confusion, but I made sure he was comfortable with everything I was performing and the assessments I was completing. At times it was difficult because I felt my patient didn't fully understand but I continued to communicate and make sure he was comfortable throughout the assessments, which he stated every time that he was.

* 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**	S	S						
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	N/A	**S**	S	S						
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA						
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						N/A	N/A	**S**	S	S						
e. Organize time providing patient care efficiently and safely (Responding).						N/A	N/A	**S**	S	S						
f. Manages hygiene needs of assigned patient (Responding).									NA	S						
g. Demonstrate appropriate skill with wound care (Responding).									NA							

h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						N/A	N/A	**S**	S							
		NS				BL	**CB**	**CB**	**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). Thank you! CB

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9- through this objective for 5c I put NA under this box because my patient did not have a foley or need one while he was under my care. Therefore, I was unable to put an S for this objective because I did not experience this in clinical. I hope for future clinicals I will be able to experience this at some point.

* 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).									NA	S						
		NS							CB							

Comments

* End-of-Program Student Learning Outcomes

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

Objective

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

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

Clinical Experience

Competencies:

a. **Reflect on areas of strength**** (Reflecting)

b. **Reflect on areas for self-growth with a plan for improvement. **** (Reflecting)

c. Incorporate instructor feedback for improvement and growth (Reflecting).

d. Follow the standards outlined in the PRMCSN policy, "Student Code of Conduct" (Responding).

e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" attitude, commitment, and enthusiasm during all clinical interactions (Responding).

f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).

g. Comply with patient's Bill of Rights (Responding).

h. Respect implications of patient health and medical information as required by federal HIPAA regulations (Responding).

i. Actively engage in self-reflection. (Reflecting).

* *Week 11: BMV

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

N/A N/A S NI S S

N/A N/A S S S

N/A N/A S S S

N/A N/A S S S

N/A NI N/A S S S

N/A N/A S S S

N/A N/A S S S

N/A N/A S NA S S

NS BL CB CB CB

NS CB

Comments

* End-of-Program Student Learning Outcomes

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

Assess the patient response to PRN medications.

Demonstrate medication administration documentation appropriately using BMV (Responding).

Review the patient record for time of last dose before giving PRN medication (Interpreting).

Practice the 6 rights and 3 checks prior to medication administration (Responding).

Administer oral, intradermal, subcutaneous, and intramuscular medications using correct techniques (Responding).

Recognize patient drug allergies (Interpreting).

Identify side effects and the nursing implications of medications (Interpreting).

**** 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-reflected 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). Gracey, competency 8a and 8b were changed to a "NI" because you did not concretely state a strength that you had in clinical and you did not give a plan for how you would improve on your weakness. Also, if you are commenting on a specific competency, please place your comments under that specific objective. CB

Week 8(8d,f,h): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. CB

Week 8- thank you for the feedback, as for week 8 my weakness was forgetting my assessments and being rushed personally. As for future clinicals I will try and clam my nerves and look over my materials and steps before coming to clinical, so I feel more prepared. I also feel that if I get their early enough it will help me to not feel as rushed when doing my assessments and I will have more time to prepare. Therefore, if I take the time to come early, as well as look over my my materials to better prepare myself the night before clinical.

Week 9- some of my weaknesses through this clinical were taking a step back and finding the best way to communicate with my patient who was confused. I really struggled in the beginning with this because I felt it would be hard to know my patient's exact feelings and thoughts with my assessments and making sure they understood the reasoning behind everything. For the future I feel if I better prepare and go through the patients chat before entering the room, it will help me to better understand their

needs and the assessments I need to focus on. Possibly even communicating with family to better understand my patient's spiritual needs and thoughts with patient care. Having a conversation with a family member or even going through the patient's chart I feel would help me to better prepare before entering the room for future clinicals especially if the patient cant fully communicate their feelings and needs with me. Some of my strengths with this clinical I feel were the ability to power through my assessments and being able to communicate with my patient enough to be able to answer the questions I felt needed answers for my assessments. I feel even though my patient was confused, using my resources and communicating with the nurse and other staff members helped me really focus in on my assessment. I feel my strength through this clinical was my communication because of the barriers I was able to overcome.

* 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

Simulation Evaluation 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: _____