

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).									NA	S	S					
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						U	NA	S	S	S	S					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						U	NA	S	S	S	S					
Clinical Location: Patient age**		NS				BL	CB	CB	CB	FB						
		Meditech Orientation				No Clinical	NA	NA	NA	T3 51	T3 67					

Comments

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

Week 6-1(c,d) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the “U” rating you received and having a plan to ensure that each competency is filled out properly in the future. CB

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 9 (1a,b)- Brianna, you were able to identify any specific needs for your patient and implement appropriately. You recognized how his prognosis was affecting him in a spiritual and cultural manner, and provided support in a manner that was appropriate for the time and situation. Great job! FB

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

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

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

Comments

Week 6-2(a-c) These competencies were rated as “U” because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the “U” rating you received and having a plan to ensure that each competency is filled out properly in the future. CB

Week 8(2a,b): Bri, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I changed competency “2c” to a “NA” because you did not perform a safety assessment during this clinical. CB

Midterm (3c): You are Satisfactory in this competency at midterm by addressing a plan to ensure all areas of the clinical tool are filled out properly. CB

Week 9 (2a,c)- Great job with patient assessments during this clinical rotation. You provided very thorough and structured assessments. You were able to identify the appropriate focused assessment based on information gathered during the initial assessment. Great job identifying the fall risk for your assigned patient and ensuring all precautions were in place. Make sure to access all lab values and identify their relevance to your patient’s status. There were several abnormal lab values on your assigned patient this week. You did discuss diagnostic/lab testing and patient status for your assigned patient providing nursing interventions and care needed on clinical and in your CDG. FB

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

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

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

Comments

Week 6-3(a-f) These competencies were rated as “U” because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the “U” rating you received and having a plan to ensure that each competency is filled out properly in the future. CB

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

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

Comments

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

Week 6-4(a-c, f) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the “U” rating you received and having a plan to ensure that each competency is filled out properly in the future. 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. I changed competency 4b to a “S” because by documenting vital signs and a head to toe assessment, you are documenting the patient’s response to care provided. 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! CB

Week 9 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient’s problems and testing to provide an accurate plan of care, nice job! (4f)- CDG was appropriately posted following the CDG rubric, on time, and in a substantive manner. Your response to a peer also followed all the CDG rubric guidelines. Keep up the great work. FB

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

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

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

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

Week 6-5(a,b,d,e,h) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the “U” rating you received and having a plan to ensure that each competency is filled out properly in the future. CB

Week 8- There was a pull station next to room 3036 and an extinguisher next to the nurse’s station. Thank you! CB

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. Competency 5d was changed to “S” because you were able to manage basic care by obtaining vital signs and performing a head to toe assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients’ rooms. CB

Week 9 (5 d,e)- Nice job with the management of the care you provided to your assigned patient. You organize your time appropriately to provide safe, efficient care while making sure to provide care that contributes to positive patient outcomes. FB

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

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

Objective																
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	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	NA S	S					
		NS							CB	FB						

Comments

Week 9 (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. This competency was changed to a “S” because you implemented interventions while providing care to your assigned patient during this clinical experience. Providing care takes clinical judgment skills based on the knowledge you possess at this stage in your education. FB

* 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA							
b. Recognize patient drug allergies (Interpreting).									NA							
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA							
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA							
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA							
f. Assess the patient response to PRN medications (Responding).									NA							
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA							
*Week 11: BMV		NS							CB							

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

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(a-i) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

This week I received a "u" on my competencies because I did not complete the self-evaluation. I plan to resolve this issue in the future by making sure all of the boxes are filled out and turned in properly. Bri, thank you for addressing the "U" rating you received and having a plan to ensure that each competency is filled out properly in the future. CB

Week 8- This week in clinical I charted my assessment findings accurately with the need of a little help to clarify a few areas I was unsure of. One area I would like to improve on for my next clinical day is, remembering all of my head-to-toe assessment areas to cover. I plan to improve on my head-to-toe assessment by my next clinical day by going over my skills check-off list over the weekend and the night before clinical to give myself a reminder of all the areas I need to assess for my assessment. Bri, you did a great job with documentation and the more experience you get in Meditech the easier it will be to find things. You have a great plan in place to ensure that the areas you want to improve in the head to toe assessment are met by reviewing the check-off sheet. 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 9 (8a)-This week in clinical one of my strengths was that I performed a head-to-toe assessment without forgetting any steps. **(8b)-**One area I would like to improve on for my next clinical day is to complete my assessment in a more timely manner. I plan to improve my time management skills during my head-to-toe assessment by working through it in a more systematic and organized manner. I plan to go through my head-to-toe assessment check off list at least 2-3 times before my next clinical day to help refresh me on which assessments I should do for each body system. Great idea, practice will assist with the process and being able to finish in a quicker time frame.

Week 9 (8f) This competency was changed to an "U" because you did not submit the correct clinical evaluation by the due date and time. Make sure you are submitting the clinical evaluation tool that is returned to you via your dropbox. You are to be reviewing all feedback and implementing any improvement needs. Make sure to address this "U" as stated in the directions at the beginning of clinical evaluation tool. **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.** FB

Week 9 (8f): This week I received a "U" for not submitting the correct clinical evaluation tool on time. In order to prevent this from happening in the future I plan to double-check that I submitted the right clinical evaluation tool and correct any mistakes in submitting the evaluation tool before the due date.

This week in clinical I feel that I demonstrated a good understanding of how to perform a sterile wound dressing change and feel confident in doing so in the future. One problem I had this week in clinical was running late and showing up to clinical right as we were supposed to be receiving report from the nurses. I plan to prevent this from happening in the future by leaving for clinical earlier and setting multiple alarms in the morning.

* 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: _____