

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Morgan Leber

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

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).						NA	S	NA	S	S						
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S						
		NS				BL	CB	CB	CB	CB						
		Meditech Orientation				No Clinical	3T 56	No Clinical	NA	4N 52	4N 73					

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

Week 9(1d): Morgan, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

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).						NA	S	NA	S	S	S					
b. Use correct technique for vital sign measurement (Responding).						NA	S	NA	S	S	S					
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	NA	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	NS	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	CB						

* End-of-Program Student Learning Outcomes

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

Comments

Week 7(2a,b): Morgan, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB

Week 9 (2e): I am giving myself an NI for this box because I was giving my patient time to eat and rest per her request, and I wanted to respect that. When I was rounding on my patient, I noticed she ate most of her food, so I documented the feeding method in the chart. I was planning to document intake and output when I went in there last to assist my patient with hygiene and perform my last couple assessment because she did not have output when I went in there to check her food tray. By the time I was finished with my assessments, assisting my patient with hygiene, and walking with her in the halls, the nurse came in to take a sample from her chest port. I had written my patient's output on the board in the room, but I never documented her intake and output and realized this once I left. Morgan, I changed competency 2e to a "S". You documented her breakfast consumption, and prioritized other needs of your patient. You collected the data and although not documented in Meditech, you did document it on the white board to be charted. CB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient's priority problem and lab/diagnostic testing that would correlate. CB

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

Comments

Week 7(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. CB

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. CB

* 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:									S							
a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	NA	S	S						
b. Document the patient response to nursing care provided (Responding).						NA	S	NA	S	S						
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	NA	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	S					
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	NA	S	S						
*Week 2 –Meditech		NS				BL	CB	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 7(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! CB

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Great job meeting all the requirements for your cdg this week. 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).						NA	S	NA	S	S						
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						NA	S	NA	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).						NA	S	NA	S	S						
e. Organize time providing patient care efficiently and safely (Responding).						NA	S	NA	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).						NA	S	NA	S							
		NS				BL	CB	CB	CB	CB						

Comments

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

Week 7 (5h): There was a pull station behind the UC desk on 3T and there was a fire extinguisher located to the left of the UC desk on the wall in the hallway. **Great job!**
CB

Week 7(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(5d,e,f): Morgan, you did a great job managing the needs of your patient and organizing time to ensure her basic needs and hygiene needs were met. CB

* 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	S					
		NS							CB	CB						

Comments

Week 9(6a): Great job this week realizing what your patient's priority problem would be in order to develop a patient centered plan of care. CB

* 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. (1,5,6,7)*	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)						NA	S	NA	S	S	S					
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						NA	S	NA	S	S	S					
c. Incorporate instructor feedback for improvement and growth (Interpreting).						NA	S	NA	S	S	S					
d. Recognize patient drug allergies (Interpreting).						NA	S	NA	S	S	S					
e. Practice the 6 rights and 3 checks prior to medication administration (Responding).						NA	S	NA	S	S	S					
f. Incorporate the core values of administration (Responding).						NA	S	NA	S	S	S					
g. Administer oral, intrate, ophthalmic, subcutaneous, and intradermal medications using correct techniques (Responding).						NA	S	NA	S	S	S					
h. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	S	NA	S	S	S					
i. Review the patient record for drug allergies (Interpreting).						NA	S	NA	S	S	S					
j. Administer PRN medication (Responding).						NA	S	NA	S	S	S					
k. Assess the patient response to PRN medications (Responding).						NA	S	NA	S	S	S					
l. Demonstrate medication administration documentation required by federal HIPAA regulations (Responding).						NA	S	NA	S	S	S					
m. Actively engage in self-reflection appropriately using BMV (Responding).						NA	S	NA	S	S	S					
* Week 11: BMV		NS				BL	CB	CB	CB	CB						
		NS						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 7 (8a&b): A. I believe my area of strength during this clinical was communication because I was able to have effective communication with my patient during the assessment, but I was able to find out information about her life story that I was not able to find in the chart. *You did a great job communicating with your patient this week! CB*

B. My area of self-growth is to not forget to ask questions throughout my assessment, I forgot to ask about numbness and tingling during my assessment. To improve this before the next clinical, I will practice and review a full head to toe assessment five times to ensure that I do not forget anymore questions. *Morgan, you have a great plan in place to make sure that your assessments are thorough. You did a great job on your first head-to-toe assessment, and remember it will get easier every time you do an assessment. CB*

Week 7(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): My area of strength for this clinical would be showing special empathy to my patient, she had pancreatic cancer, so she had a chest port for her chemo along with other medications. I took note of this and during my assessment my patient had mentioned that ever since she started chemo that she was becoming forgetful and blamed it on “chemo brain.” I was able to relate to this because my mom went through chemo, and she experiences “chemo brain” quite often. I shared this with my patient to provide a comforting presence and that she knew it was a safe space to talk about her feelings if she needed, to which she did. This felt nice because I want to have a calming presence for patients, so I am able to provide adequate care based on their needs. This also brought me more motivation because I would love to pursue a career in oncology and provide supportive care for people who need it most in the most difficult times. *Morgan, this makes my heart happy that you got to experience this time with your patient, and that it motivates you to pursue your dreams. These moments are few and far between in the busy nursing world, but it is so rewarding when they do happen. Thank you for sharing! CB*

Week 9 (8b): My area of self-growth is to pay close attention to detail and what we must document, like previously mentioned, I forgot to document my patient’s intake and output when I went in for my focused assessment. I had written my patient’s output on the board in the room but with having to do vitals, a focused assessment, a pain assessment, along with providing her with hygiene care and walking the halls, I forgot to document the intake and output. To improve this, I will look over what we must document the night before my clinicals along with bringing the paper with what we must document and put it on my clipboard. I will also triple check before leaving each clinical to ensure that I documented everything I needed to. *Morgan, you have a great plan in place to ensure all documentation is complete. I don’t want you to be to harsh on yourself, because you prioritized the care that you were providing and documented the intake on the board. CB*

Week 10 (8a): My area of strength for this clinical was providing patient education, I was able to answer my patient’s questions about fall safety by providing education as to why he needed a yellow wristband on along with the fall precautions signs. My patient was also asking questions about his diet, and I was able to provide education as to why protein is essential in his diet especially after having invasive abdominal surgery and having five wounds.

Week 10 (8b): My area of self-growth is to be more of a patient advocate, the second day my patient and his wife had mentioned that he has not used his cpap machine throughout his whole stay and no one from respiratory had come to see him after one of his nurses had mentioned she would call respiratory for him. I told my patient that I would investigate why respiratory had not come to see him even though he has been okay without it, and he was being discharged later that day. I ended up not getting to ask about it and I feel as though I could have been a better patient advocate than I already was. To improve this, I will ensure that my patient's expectations are met every clinical by asking what more I can do for them before leaving for the day.

* 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: <ul style="list-style-type: none"> 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

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

* 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: _____