

**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)
<b>Faculty’s Name</b>			<b>Initials</b>
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.**

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Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b>																
a. Identify spiritual needs of patient (Noticing).									NA	S	S	NA				
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S	NA				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						n/a	n/a	S	S	S	S	NA				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						n/a	n/a	S	S	S	S	NA				
		NS				BL	CB	CB	CB	HS	HS					
		Meditech Orientation				No Clinical	NA	3T 70	NA	3T 43	3T 84	no clinical				

Clinical Location:  
Patient age\*\*

**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 9 (1a-d)- Good job identifying your patients needs this week, you were able to identify that his mother was involved in his care and you respected his privacy while also including her in conversations. HS

Week 10 (1c,d)-You were able to provide care to your patient while incorporating the patients preferences, values, and needs. HS

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

## Comments

Week 8- I feel that I need improvement in performing my head-to-toe assessment because I missed capillary refill and having the patient squeeze my hands. I will improve by practicing my head-to-toe assessment three times over the weekend so I can remember not to miss steps such as capillary refill and having the patient squeeze my hands during clinical. **Rylee, with more practice and experience, you will see that the head-to-toe assessment will become easier. CB**

Week 8(2a,b): Rylee, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB

Week 9-Although I did do better than at my last weeks clinical in my head-to-toe assessment I had a hard time feeling the radial pulse of my patient. For my first clinical patient finding her radial pulse was not hard for me but I know every patient is different with their strength and the location of their radial pulse. I put NI for vital signs because although I could feel the radial pulse I couldn't correctly count out the pulse. Which is why I put NI for both my head-to-toe assessment and vital signs. This will continue to get easier with additional experiences. HS

Week 9 (2c)- On your CDG you stated that your patient was a 0 within the fall risk assessment, but then you also stated that he had the CO2 monitor on and he also had his port connected to the IV pump therefore he would be a 2. A score of 2 is still a low fall risk. The patient is only required to have yellow socks, a sign on the door, and the bed alarm if he is a high fall risk. If the patient is evaluated as a high fall risk we can then initiate those precautions. Please review the fall risk assessment and ask any questions you may have regarding the fall assessment. HS

Week 10 (2a-d) You did a nice job this week completing your head to toe assessment, vital signs, and skin risk assessment.

(2g)- Per your CDG this week you stated that the patients WBC was 12.8 which you then stated was low. You also made this statement in your CDG in the prior week regarding low WBC being associated with an infection. The WBC level is elevated which indicates a possible infection. Be sure to use your resources when reviewing lab and diagnostic values in order to correlate what deems them abnormal and the potential causes when they are abnormal. HS

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

**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

I will have Satisfactorys in all competences by filling out all competencies for every week. Rylee, thank you for addressing the reason you received an “U” and how to correct it. CB

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Competencies 3c-f were changed to “S” because you used appropriate medical terminology with communication, you reported concerns appropriately, and you participated as an accountable health care team member. 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 (3c,d,f)- You did a nice job communicating with the patient and his mother. You were also able to communicate with the nurse regarding his diet. HS

Week 10 (3a,b)- You were able to receive a handoff report from the off going shift and report to the primary RN at the end of the clinical shift.

(3d)- This competency was changed to a U because you did not inform the faculty or primary RN, or fully assess your patients symptoms after obtaining a blood pressure of 81/60. HS

Week 10: I was graded Unsatisfactory for objective 3d because I didn't report to the nurse about the low blood pressure I obtained from my patient. Next clinical, I will ask my patient what their usual blood pressure is and look at their trending data. If I see that their blood pressure is not normal for them, I will immediately report it to the nurse.

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

**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! Please make sure that you utilize the sheet Brittany and Nick both gave you regarding intext citations and references. The intext citation for your cdg should be written (Venes, 2021). CB

Week 9 (4a)- I changed this competency to a NI because there were several areas within the documentation on the assessment that needed to be corrected or were omitted. While this is a learning process please refer to the intervention list and keep notes for yourself to follow when documenting in the patient chart. For example, after asking the patient when their last bowel movement was be sure to write down the response so that you are certain when you document. HS  
(4F)-You met all of the requirements for the CDG post and response this week. Please review the in-text citation section on the formatting example handout from class. You have included the in-text citation however the format is incorrect. HS

Week 10- I put an NI because I feel on the first day of clinical this week I didn't document well, but on the second day I feel like I improved. I do feel like I still need more practice on my documenting. It is important to take your time when documenting your findings within the EMR, and double check them. HS  
Week 10 (4f)- You satisfactorily met the requirements for your CDG this week within the initial post and peer response. Please review the normal WBC values and what is considered low and high and what a high WBC may indicate. HS

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

**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) 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

I will get a satisfactory in all competencies by filling out every competency for every week. Rylee, thank you for addressing the reason you received an “U” and how to correct it. CB

**Week 8-** Fire extinguisher is located by room 3027. Pull station is located by the nursing director’s door. 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 (5c) I changed this to a NA because your patient did not have a Foley this week.

(5d,e)- You were able to provide care for your patient while getting everything done in a timely manner, while also encouraging him to be independent. HS

Week 10 (5d,e) You have demonstrated management of care for your assigned patient making sure all pertinent interventions were completed. You organized your time appropriately to provide safe, efficient care to ensure positive patient outcomes. HS

(5g)- You did not self- evaluate this competency therefore it is a U.

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. HS

Week 10: I was graded unsatisfactory for competency 5g because I didn’t self-evaluate myself. I will remember to fill out competency 5g next week.

\* 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
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	S	NA				
		NS							CB	HS	HS					

**Comments**

Week 9 (6a)-You utilized clinical judgement skills this week in identifying a priority problem for your patient and implementing appropriate interventions specific to the patient and the plan of care. HS

Week 10 (6a)- You assured the plan of care fit your patient’s needs and preferences. You will continue to grow these skills as you progress through the semester and program. HS

\* 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
<b>Competencies:</b>																
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, intramuscular, 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			S				
<b>*Week 11: BMV</b>		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
<b>Competencies:</b>																
a. Reflect on areas of strength** (Reflecting)						n/a	n/a	S	S	S	U	NA				
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						n/a	n/a	S	S	S	U	NA				
c. Incorporate instructor feedback for improvement and growth (Reflecting).						n/a	n/a	S	S	S	U	NA				
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						n/a	n/a	S	S	S	U	NA				
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	U	NA				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						n/a	n/a	S	S	S	U	NA				
g. Comply with patient's Bill of Rights (Responding).						n/a	n/a	S	S	S	U	NA				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						n/a	n/a	S	S	S	U	NA				
i. Actively engage in self-reflection. (Reflecting)						n/a	n/a	S	S	S	U	NA				
*		NS				BL	CB	CB	CB	HS	HS					

**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 8- One of my strengths is that I have good communication skills going into my patients room. I told her why I was doing her blood pressure, pulse oximeter, counting her respirations, and taking her pulse. I wanted her to know why I was doing those things so she wasn't confused. I tried making conversation with her but she was tired and had a headache so she wasn't fully compatible to communicate with me. One of my weaknesses from clinical is that I forgot some questions to ask and examining some things on my patient for my head-to-toe assessment. To fix this issue, I will practice doing a head-to-toe assessment in my room five times this week before clinical. Rylee, you did a great job communicating with your patient this week. You have a great plan in place to help with your weakness, ensuring that you will not miss bits and pieces of your head to toe assessment. CB

Week 9- **Strengths**-One of my strengths is that I performed my head-to-toe assessment well. I asked all the necessary questions and performed all the actions I had to too complete my head-to-toe assessment. **HS Weakness**-One of my weaknesses I feel like I need to work on is being confident. I tend to underestimate myself because I have never worked in a hospital environment before and its all new to me. I feel like there really isn't anything that I can practice on by being more confident. The only way I think I can get more confident is by gaining more experience. This clinical made me a lot more confident but only in certain things that I did such as knowing where all of the vital sign equipment was and knowing my head-to-toe assessment. Confidence will come with time and more exposure to patients within the clinical setting. Be sure in the following weeks to pick a specific area for improvement, and then you need to be able to list a specific plan on how you can work to improve in that area. HS

Week 10- **Strengths**- One of my strengths was encouraging my patient to drink fluids and eat. I also assisted to her needs when she needed something such as her cup refilled. **HS Weakness**- One of my weaknesses I feel like I need to work on is reading things thoroughly and accurately and learning not to rush. I feel like that is why I didn't correctly fill out my documentation right on the first day. By the 2<sup>nd</sup> day of clinical this week, I took my time and triple-checked each part of my documentation to make sure it was all correct. Throughout the weekend and on the days leading up to next clinical whenever I feel like I'm rushing on something, I will take a deep breath and take my time. This will help me to take things slow and to not rush. You do not want to rush because often times you will miss something. You must prioritize and then be sure to double check your work as well. I suggest possibly making a checklist to ensure you have completed all of your documentation. HS

Week 10 (a-i) While you did comment on a strength and a weakness you did not self-evaluate in the column. 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. HS

Week 10 (8c)-I would have rated you a U for this competency. During day 1 of the clinical this week we discussed three times specific questions to ask the patient in relation to assess if she was symptomatic with her low BP. You failed to take the feedback and ask the patient those questions. Without asking the patient specific questions it is hard to fully assess if she is symptomatic. HS

(8f)- I would have rated you a U for this competency. You did not demonstrate professionalism when asked about someone pausing the IV pump you stated that you had done it. After reviewing the scenario, you stated that you did not touch the pump and that another student had paused the IV pump and you said that you did it because you "didn't want them to get into trouble." This situation was then discussed regarding the safety concerns of pausing an IV pump without having the proper education and knowledge on IV pumps and IV sites. HS

Week 10: I was rated unsatisfactory because I didn't self-evaluate myself in all competencies for objective 8. By the next clinical, I will have a satisfactory in all competencies. For competency 8c you stated that you would rate me a unsatisfactory because I failed to take your feedback and asked

the patient about her blood pressure to assess if she was symptomatic. By next clinical, I will listen to your feedback that you give me and ask the patient specific questions that I need to know to assess if the patient is symptomatic or asymptomatic in any way. For competency 8f you stated that I didn't demonstrate professionalism when I was asked about someone pausing the IV pump. By the next clinical, I will demonstrate professionalism and will not touch the IV pump. If the IV pump beeps I will immediately try to find the nurse or one of my instructors.

\* 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
<b>Noticing</b>	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)		
<b>Interpreting</b>	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)		
<b>Responding</b>	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"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	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

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

\* 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: \_\_\_\_\_