EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Brooke Schafer

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated, confident, focuses on the patient, some expenditure of excess energy, within a reasonable time period, appropriate affective behavior, occasional supporting cues, minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Objective

1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).									NA	S	NA	S				
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	NA	S	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	NA	S	S	NA	S				
						CB	CB	CB	CB	HS	HS					
Clinical Location; Patient age**						3T 90	NA	NA	NA	3T 69	NA	3T 74 54				

Comments

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

Week 6(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 you able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9 (1c,d)- You did a nice job this week completing all of the care necessary for your patient. You incorporated his preferences and needs while planning the care. You also utilized Maslow's Hierarch of needs to determine what care needed to be completed. 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
Competencies: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S	NA	**NA**	S	S	NA	S				
b. Use correct technique for vital sign measurement (Responding).						S	NA	**NA**	S	S	NA	S				
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						~~S~~ NA	NA	**NA**	NA	S	NA	S				
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	NA	S				
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	NA	S				
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA				
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	NA	S				
						CB	CB	**CB**	CB	HS	HS					

Comments

Week 6(2a,b): Brooke, 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

Week 9(a-d) You did a nice job this week completing your vital signs, head to toe assessment, fall/safety, and skin assessment. You were able to identify that your patient had edema in his lower extremities and that you were having difficulty finding his pedal pulses. 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
Competencies: a. Receive report at beginning of shift from assigned nurse (Noticing).						S	NA	**NA**	S	S	NA	S				
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	**NA**	NA	S	NA	S				
c. Use appropriate medical terminology in verbal and written communication (Responding).						S	NA	**NA**	S	S	NA	S				
d. Report promptly and accurately any change in the status of the patient (Responding).						S	NA	**NA**	S	S	NA	S				
e. Communicate effectively with patients and families (Responding).						S	NA	**NA**	S	S	NA	S				
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	NA	**NA**	S	S	NA	S				
						CB	CB	**CB**	CB	HS	HS					

Comments

Week 6(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 (a-f) You did a nice job receiving report from the previous shift and updating the nurse at the end of your shift. Once you identified that you were having a difficult time finding the pedal pulses you sought help in finding them, and were able to do so with minimal assistance. You notified the nurse after identifying the change in blood pressure during the shift. You communicated very well with your patient throughout the shift keeping him informed regarding his care. HS

* End-of-Program Student Learning Outcomes

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

Objective

3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Document vital signs and head to toe assessment according to policy (Responding).						S	NA	**NA**	S	S	NA	S				
b. Document the patient response to nursing care provided (Responding).						S	NA	**NA**	S	S	NA	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NI	NA	**NA**	NI	S	NA	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	S	NA	S				
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	NA	S				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						~~S~~ NI	NA	**NA**	NI	S	NA	S				
*Week 2 –Meditech		CB				CB	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 6 (4f) Needs improvement: I felt like I did okay on documenting and locating in the patient's charts, however I needed directory from Chandra or Britney quite a bit. Granted it was a little overwhelming not being used to it, I want to improve by not having to ask so many questions. I will improve this by taking any chance in class of documenting and really paying attention and while working at the hospital as a pct, I will pay attention to the system more. Only using it for pct roles! CB
Week 6(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, and it will become easier with more time and experience. Competency "4f" was changed to a "NI" because you did not include a reference for your peer response. Remember always have your grading rubric available when completing cdgs. CB

Week 9(4a,b,c) You did a nice job this week documenting all of the care and interventions you provided to your patient. You did a nice job reviewing the information within the chart to gain additional insight into the patient history and symptoms.
(4f)- Nice job on your initial CDG post and the peer response. You met all of the rubric requirements and provided a thorough response to your peer. Nice job! 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
Competencies: a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	NA	**NA**	S	S	NA	S				
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	**NA**	S	S	NA	S				
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	~~NA~~ S	NA	NA				
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	NA	**NA**	S	S	NA	S				
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	**NA**	S	S	NA	S				
f. Manages hygiene needs of assigned patient (Responding).									NA	S	NA	S				
g. Demonstrate appropriate skill with wound care (Responding).									NA		NA	S				
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	NA	**NA**	S							
						CB	**CB**	**CB**	**CB**	**HS**	**HS**					

Comments

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

-On 3T there are several places these are located. There is a fire extinguisher and pull station at each end of the hall closest to the front of the hospital, next to the stair entrances. These are also located near the UC desk on the floor. They are also located in other spots throughout the floor across from some rooms. CB

Week 6(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 an S because your patient had a Foley this week and he also had some bleeding around the insertion site as you identified.
(5d,e)- You did a nice job going right in the patients room to get started, however the beginning of the day began with an interruption as X-ray took the patient down immediately. You did a nice job prioritizing your care and resuming the care after the patient returned to his room. You planned your time efficiently in order to complete all tasks. You did all of these tasks in a timely manner and maintained safety and encouraged independence from the patient. HS

* End-of-Program Student Learning Outcomes

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

5g- I gave myself an S for this because on Wednesday my patient had a wound on her left foot. Even though I did no dressing changes or anything to the wound itself, I made sure she was bathed and such to reduce the chance of her getting an infection in that area. Along with that I was able to experience some of what the podiatrist did to the wound and dressing to keep an idea of the plan to heal the wound.

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	NA	S				
									CB	HS	HS					

Comments

Week 9 (6a)- You did a nice job utilizing clinical judgement skills based on your patient's priority problem and then identifying interventions specific to the patient and developing the plan of care. 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
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			S				
*Week 11: BMV									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)						~~NI~~ S	NA	**NA**	S	S	NA	S				
b. **Reflect on areas for self-growth with a plan for improvement. **** (Reflecting)						~~NI~~ S	NA	**NA**	S	S	NA	S				
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	**NA**	S	S	NA	S				
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						S	NA	**NA**	S	S	NA	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						S	NA	**NA**	S	S	NA	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	**NA**	S	~~S~~ U	NA	S				
g. Comply with patient's Bill of Rights (Responding).						S	NA	**NA**	S	S	NA	S				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	NA	**NA**	S	S	NA	S				
i. Actively engage in self-reflection. (Reflecting)						S	NA	**NA**	S	S	NA	S				
*						CB	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 6:

Reflection - Areas that I feel strength in was being able to have good communication with the patient. I was able to learn some things about the patient unrelated to health, the patient even thanked me for "using" him as my patient. I enjoy talking to people and making them smile. A weakness I felt that I had was not much confidence, the entire assessment I was worried of missing something or not doing things right. This can be improved by continuing to practice on family and paying attention to lecture to be sure that I am comfortable with the material and can implement it with confidence. Brooke, if you have great plan in place by practicing on family members to ensure that you are completing all steps of a head to toe assessment, and with time and experience it will become easier and less stressful. CB

Week 6(8d,f,h): Competency "8a,b" were changed to a "S" because you completed an area of strength and weakness. Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. CB

* End-of-Program Student Learning Outcomes

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

Week 8:

8A: Areas that I felt strength in for my clinical was being able to answer any questions that I was asked by my instructor or patient's nurse. However, a weakness I experienced with this was not really feeling confident in my answer as I wasn't sure if I was thinking too far into the question or not far enough. Both my instructor and patients nurse reassured me that I am doing just fine and answered the questions asked well. Throughout my clinical I was asked several questions as to why things might be the way they were for the patient, why a medication was passed, why my patients vital signs changed, etc. I also felt confident in myself that I provided thorough care the entire time I was there, and I was very interested in my patients' diagnosis/symptoms. You did a nice job putting the pieces together. HS

8B: To improve feeling not so sure of my answers, I am going to try to work on having more confidence in myself and remind myself that every day is a learning experience. I know that one day all of what I am learning and implementing into clinical/practice will all click and make sense. You will continue to gain confidence with additional clinical experiences and exposure to different situations. This will come with time. HS

(8F)- This competency was changed to a U due to the fact that you did not submit the clinical tool by the designated deadline. 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 10 tool. If you have any questions about this process, please do not hesitate to reach out. HS

Week 10: (8f) Here on out to receive a satisfactory for this I will be sure to always double check to make sure my assignment uploaded onto the drop box correctly. I have now learned that there can be issues with uploading assignments on there. I completed the assignment right after clinical but failed to be sure my assignment uploaded correctly. I will also double check this for any other assignments we have as well, so I do not run into this issue again. HS

Week 11(8a and b): This clinical I felt very involved in each one of my patients. I was able to learn more and more about my patients even just through conversation, I feel good about that because not always is it easy to carry on a conversation with someone who is lying in a hospital bed sick. I was able to detect different things that seemed abnormal and notify each one of my

patient’s nurses. I feel like I am getting the hang of a head-to-toe assessment and I’m becoming quicker each time. I also felt like I did a lot of digging into my patient’s charts to learn more about them and their history, which was very interesting! Areas where I feel like I could improve is looking more into skyscape throughout clinical. I felt like the last two clinical days I did look up more on skyscape, however I want to learn more and I know that I should use skyscape more to become more knowledgeable on certain things I find.

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/18/2024 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time by 11/25/2024 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:	**Course Objective:**
Date or Clinical Week:	

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

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

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if no in-text citation AND reference is included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

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

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date _____