

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy Rockwell, MSN, RN;
Chandra Barnes, MSN, RN; Nick Simonovich, MSN, RN
Heather Schwerer, MSN, RN; Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty's Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS
Heather Schwerer			HS
Brittany Lombardi			BL

Stacia Atkins	SA
---------------	----

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	NS	N/A	S				
b. Identify cultural factors that influence healthcare (Noticing).									NA	NS	N/A	N/A				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	N/A	S	S	N/A	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S	N/A	S	S	N/A	S				
						CB	NS	CB	CB	CB	CB					
						N/A		N/A	NA	N/A	N/A	N/A				
							83, 3 Tower									

Comments

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

Week 7 2(c,d) – Patty, you did a great job coordinating your care this week based on the patient's needs. You were able to perform your nursing actions around numerous interruptions. You remained focused, addressed your patient's needs as they were presented to you, and performed the necessary assessments to collect important patient data. Great job staying focused and performing care! NS

Week 9: I gave myself an NI in competencies a and b as I did not ask the patient about spiritual needs or cultures factors. I have learned from this mistake and will ask from now on.

Week 9(1d): Patty, great job this week determining your patient's needs and using Maslow's to prioritize those needs. I changed competency 1a&b to a "S". You assess and identify your patients spiritual and cultural needs by more ways than just asking. This is done with all interactions, hand-off report, researching data in Meditech. CB

* End-of-Program Student Learning Outcomes

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

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

Week 7: I put NI on preforming head-to-toe because I had difficulty palpating brachial, posterior tibial and dorsal pedis pulses and auscultating the heart. I asked for help and my clinical instructors helped me and gave me instruction and hints on how to find them. My plan is to practice on my family as much as possible until I become proficient at them. I respect your self-reflection and desire to improve! Keep in mind, this was your first assessment on a real patient. This clinical

experience was aimed at providing you the opportunity to put into practice what you learned in the skills lab. Your confidence and comfort in these skills will continue to improve with each experience. It sounds like you did the right thing by asking for assistance to ensure accuracy in the data obtained. NS

Week 7 2(b) – Great job obtaining a full set of vital signs on a patient in the hospital setting for the first time as a student nurse using the electronic vital signs machine. You communicated your findings accurately in the chart. NS

Comments week 9: I, again, had trouble finding the dorsalis pedal pulses by palpation but, with I was able to find the left (correction: it should be right dorsalis) . I used doppler to find the left pulse but continued to have trouble finding it. Chandra had to help me with the left.

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. I changed competency 2g to a "S", because you were able to describe finding from test in your cdg. 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:						N/A	S	N/A	S	S	N/A	S				
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	S	N/A	S	S	N/A	S				
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	N/A	N/A	NA	N/A	N/A	NI				
c. Use appropriate medical terminology in verbal and written communication (Responding).						N/A	S	N/A	S	S	N/A	S				
d. Report promptly and accurately any change in the status of the patient (Responding).						N/A	N/A	N/A	NA	N/A	N/A	S				
e. Communicate effectively with patients and families (Responding).						N/A	S	N/A	S	S	N/A	S				
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						N/A	S	N/A	S	S	N/A	S				
						CB	NS	CB	CB	CB	CB					

Comments

Week 7 3(a) – You were able to gain experience this week in obtaining hand-off report from the off going shift. This can be an overwhelming experience the first time as a lot of the information presented is complex and beyond your understanding as a Foundations student. However, this experience will be beneficial moving forward as you learn the important aspects of SBAR. Great job! NS

Week 7 3(E) – You were able to effectively communicate with the patient and her visitor while remaining focused on your nursing assessments. You did well to incorporate therapeutic communication in your interactions. NS

Week 9 3 (b,d) My patient was discharged and I did not have a change in patient status

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).						N/A	S	N/A	S	S	N/A	S				
b. Document the patient response to nursing care provided (Responding).						N/A	NH S	N/A	S	S	N/A	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		s				N/A	S	N/A	S	S	N/A	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		s							S	N/A	N/A	N/A				
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	N/A	N/A	NI				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	NH U	N/A	U	S U	N/A	S				
*Week 2 –Meditech		CB				CB	NS	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: I put NI for documenting patient response to nursing care provided as I did not ask the patient so I did not have a verbal response from the patient but her body language and her conversation did not show that she had a negative response to the nursing care I gave her. My plan to improve on this is to ask every patient every time if how they feel after the nursing care provided and if there is something I can do to make it better. **Patty, I changed this competency to "S" because you documented your**

assessment timely and accurately. You do not have to ask your patient how they felt about your nursing care for documentation purposes. This competency is simply stating that you documented the care that was provided during the clinical experience. By documenting your vital signs and assessments in the EHR accurately, you are satisfactory in this competency. NS

I also but NI on posting comments for clinical discussion because I responded to one from last week. I must have misunderstood when I asked if it was ok to respond to someone from the previous week. From now on I will respond to someone from the appropriate week. On your initial response to Cathryn from week 6, you included an in-text citation but did not include a reference. However, in your response to Brittany from week 7, your response provided additional insight to the conversation and was supported with both an in-text citation and a reference. As for your initial post, I appreciate the insight and self-reflection. We can be our own worst enemy when it comes to doubting our abilities. Remember, this is all brand new and this was your first experience as a student nurse. Keep thinking positively, you are doing a great job! I did have to change this competency to a “U” due to your initial post not including an in-text citation or a reference. Remember to have your CDG grading rubric readily available to ensure all criteria are met. All posts, both initial and response posts, should be supported with a reputable resource to enhance the conversation. Your responses to the question prompts were satisfactory, just be sure to include the an in-text citation and reference in all posts moving forward. NS
I did say (the very last sentence) that I would, from that time on, include in-text citation and reference in all posts to the CDG. I have done that so far.

Week 9 (d, e) I did not have opportunities to educate patient.

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, but unfortunately, I had to changed competency 4f to an “U” because you did not comment how you would make that competency a “S” from week 7. Please read the following directions carefully. 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.

CB

Week 9 (4f) I realize that I have missed explaining how I would correct week 7 (4f). I will make sure this is done each and every week from now on until I graduate. It is forever ingrained into my head. I’m sorry that they were not completed. I take full responsibility and accountability for that. Patty, thank you for addressing the “U” rating for competency 4f. CB

Week 10 (4f): this competency will be a “S” rating the next week you have clinical as long as you meet all requirements. CB

* End-of-Program Student Learning Outcomes

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

I understand this is an ongoing issue.

Week 10 4(f). I will continue to accurately do the CDG with the proper cites and references double checking the completeness of my CDG postings.

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

Comments.

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

Week 7: Both a fire extinguisher and a pull box is found by the door of room 3027 on 3 Tower near the exit stairs. Thank you! N

Week 9: (c, f, g) I did not have opportunities to for these tasks.

Week 9(5d,e): Great job organizing your time this week to manage basic care needs of your patient. 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	N/A	S				
									CB	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. (3,5,6,7)*	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																
Clinical Experience Competencies:																
a. Reflect on areas of strength** (Reflecting)						N/A	NI	N/A	NI	S	N/A	S				
b. Reflect on areas for self-growth with a plan for improvement. **						N/A	NI	N/A	S	S	N/A	S				
a. Recognize side effects and the importance of patient feedback for improvement and growth (Responding)						N/A	S	N/A	S	S	N/A	S				
c. Incorporate instructions for the patient and growth (Interpreting)						N/A	S	N/A	S	S	N/A	S				
b. Recognize patient drug allergies (Interpreting)						N/A	S	N/A	S	N/A	N/A	S				
d. Follow the standards outlined in the FRMCSN policy. *Student						N/A	S	N/A	S	S	N/A	S				
c. Practice the 6 rights and 3 Code of Conduct * (Responding)										N/A						
e. checks prior to medication administration (Responding)										N/A						
d. in administration of all intrate, communit, subcutaneous, and intradermal medications using correct techniques (Responding)						N/A	S	N/A	S	S	N/A	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding)						N/A	NI	N/A	U	S	N/A	S				
e. Review the patient record for the last dose before giving PRN medication (Interpreting)						N/A	S	N/A	U	S	N/A	S				
g. Comply with the patient response to PRN medications (Responding)						N/A	S	N/A	S	S	N/A	S				
f. Assess the patient response to PRN medications (Responding)						N/A	S	N/A	S	S	N/A	S				
h. Demonstrate medication administration documentation appropriately using BMV (Responding)						N/A	S	N/A	S	S	N/A	S				
i. Actively engage in self-reflection (Responding)						N/A	S	N/A	S	S	N/A	S				
* Week 11: BMV						CB	NS	CB	CB	CB	CB					
									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 6(8f): Patty, this competency was changed to an “U” because of your late submission of your clinical tool. Please read the following, that was copied from the directions above: 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. CB

Week 7: I put NI on for week 7 on 8f. Because I am still questioning if I am doing this entire competency correctly. It is very difficult to assess yourself (which I understand that everyone struggles with.) Like did I document the fire extinguisher and pull station in the correct box.

I Put NI for reflecting on areas of strength and areas of self-growth. Reflecting on areas of strength is difficult for me when I struggle with something that I think I should have done a better job, and it tends to cloud judgement of myself. While I did reflect on self-growth, I let the areas of strength which were not as I expected get the best of me. My plan is to do better at reflecting on my areas of strength with everything I do during nursing school and beyond which I feel will help me to be better at reflecting on self-growth. I believe they go hand-in-hand.

Week 7 8(b): I put NI on preforming head-to-toe because I had difficulty palpating brachial, posterior tibial and dorsal pedis pulses and auscultating the heart. I asked for help and my clinical instructors helped me and gave me instruction and hints on how to find them. My plan is to practice on my family as much as possible until I become proficient at them. Great plan for improvement! With more practice you will feel more comfortable with palpating various pulses. NS

Week 7 8(a,b) – Patty, for these competencies related to strength and weaknesses, you will write a comment in this areas related to what you felt was a strength during that given week and identify an area for self-growth with a plan. If a comment is provided for each, you will be satisfactory. For this week, you identified an area for self-growth related to palpating pulses and developed a plan. I moved your comment into this section and you are satisfactory for 8(b). I am going to leave 8(a) as NI because you did not identify a strength. I would say a strength this week would be that you were able to adapt to the interruptions during your assessment to obtain the necessary data. You will demonstrate many strengths each week, while it may be hard for you to express your strengths, you certainly have many. Let me know if you have any questions. NS

Patty, I changed competency 8(F) to satisfactory because you have been a true professional in all interactions. This competency is related to professionalism during your clinical experience. Meaning, did you show up on time, follow the dress code, come prepared, and interact with health care team members, patients, and faculty with professionalism – which you did. I do think you are being too hard on yourself in these evaluations. While you will certainly have areas for improvement each week, because you are still learning, you are doing many great things. NS

Week 8 (8f): Patty, this competency was changed to an “U” because of your late submission of your clinical tool. Please read the following, that was copied from the directions above: 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. CB

Week 9(8a,b): Patty, these competencies were changed to an “U” rating because you did not document a strength or weakness for your week 9 clinical. Please read the following directions from the top of this document carefully. 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. CB

Week 9(8f): Patty, this competency remains rated an “U” because you have not addressed how you will make it a “S” rating. Please read the following directions from the top of this document carefully. 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. CB

Week 7 8(a): My strength this week was that I was able to adapt to several interruptions during the head-to-toe assessment and obtained the necessary data for documentation. The patient’s daughter, the doctor, an employee from the kitchen, and the patient had to go to the bathroom during the head-to-toe assessment. Which caused me to have to stop and I find an instructor to help the patient to the bathroom. Thanks for addressing this. CB

Week 8: 8(f) I truly don’t know where my head was at this time, but I am, now, acutely aware of my mistakes and will continue to be acutely aware of what is expected of me. I am going to be diligent to not continue to make the same mistakes without learning from them. to only get better as a student and a student nurse. Thanks for addressing this. CB

Week 9 8(a): My strength this week is interaction with my patient. She was discharged during the time I had with her. I was able to learn a little bit about how my patient had to have back surgery. Also, with the help of Chandra, I used the doppler to find her pedal pulses. The right one was difficult to find even with the doppler but the left one was much easier to find. She has chronic swelling in her left foot from an ankle injury. I know from being an ultrasound tech is fluid is a great conductor of soundwaves so my previous profession is helping with my new profession. Thanks for addressing this. CB

Week 9 8(b): My weakness, I feel, is still the computer. I am getting better as I only had one question about how to find something. My plan is to continue to work as independently as I can to get the computer down pat so I can become proficient with the computer by the time the semester is over. But I will ask for help when I am struggling. Thanks for addressing this. CB

Week 9 8(f): Okay. Week 9 is the last time I have to write about this ongoing issue. I understand what I did, what is expected of me and I will not forget again. Although this is not and cannot be an excuse, I believe my hectic life was getting in my way. But it is still on me and the personal disappointment I placed on myself has put me back in my place. I will not be my own demise to the nursing career I have been wanting for a long time. Thanks for addressing this. CB

Week 10 (8a,b): these competencies will be a “S” rating the next week you have clinical as long as you meet all requirements. CB

Week 10 (8f): Patty, this competency is being changed to a “U” because you submitted the wrong tool for week 10. Please read the following directions from the top of this document carefully. 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. CB

Week 11 8(a) I have a couple of areas of strength this week. The first one is that I, finally, was able to palpate dorsi pedis pulses, and bilaterally at that. Also, I believe that my documentation is coming along. Although I do continue to struggle a little, I am feeling more comfortable with the system. I can tell that it is getting better each time I use it.

Week 11 8(b) My weakness is that I continue to still use the doppler to obtain posterior tibial pulses. I do try for several minutes to palpate them before I get the doppler. I will continue to practice on whomever will let me.

* End-of-Program Student Learning Outcomes

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

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

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

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

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

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if no in-text citation AND reference is included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

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

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____