

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	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	N/A	N/A	S	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	N/A	N/A	S	S	NA	S				
						CB	CB	CB	CB	NS	NS					
						3T 77	N/A	N/A	NA	4N 57	NA	4N 87				
								N/A								

Clinical Location:
Patient age**

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 1(c,d) – Good work this week coordinating your care effectively based on your patient’s needs, wishes, and values. You also prioritized your care using Maslow’s by addressing the physiological needs first through careful assessment then focused on his psychosocial needs through attentive communication and caring approach. You noticed that your patient was unsure of the plan of care as he was continuously asking what the plan was. You addressed his concerns by consulting with faculty and the assigned RN, helping to address the anxiety that he was experiencing. You also respected his wishes in relation to the wound dressing. You did attempt to educate him on the importance of having the dressing completed in a timely manner, however, he was resistant at the time, which you respected and reported to the assigned RN. NS

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

Comments

Week 6(2a,b): Cathryn, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. Competency “2c” was changed to a “NA” because you did not complete a fall/safety assessment during this clinical. CB

Week 9 2(a,c) – Good work this week in performing your assessments and appropriately determine the priority focused assessment at the end of your clinical experience. You noticed several deviations from normal in addition to normal assessment findings. In the HEENT assessment you noticed neck pain with movement, partially limited visual impairment with the use of glasses, and redness to the sclera. You also noted a subjective finding of having “floaters” in his vision. You noticed dry, cracked appearance to the oral cavity with missing teeth and the use of upper dentures. For the psychosocial system, you noticed increased anxiety and family as a support system. For the neurological assessment you noticed sluggish pupil reaction which was correlated with pain medications that he had received. During your initial assessment, you noticed that the patient’s socks had not been removed, and in doing so, you discovered a diabetic foot ulcer that the patient stated he had wrapped himself. Great job uncovering a previously undocumented finding! You also noticed constipation with hypoactive bowel sounds and the use of laxatives to promote normal defecation. Nice job noticing this week! NS

(c) you performed the Johns Hopkins safety assessment to determine a fall score of 14. You did a great job in your CDG discussing the factors that led to this score and identifying potential safety concerns in the room. You were able to implement all of the appropriate precautions to maintain safety and promote positive outcomes. NS

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

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. Competency "3b" was changed to a "NA" because you did not give a hand off report when leaving clinical this week. CB

Week 9 3(a,b) – You are beginning to gain more experience and confidence in receiving and providing hand-off report. You were able to utilize the SBAR sheet to update the assigned RN on your patient’s status prior to leaving the floor. (e,f) – you communicated well with the patient, his family member, and the health care team throughout the day. You were accountable for your assessments and nursing interventions and participated as an active member of the health care team. Well-done! NS

*** 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).						S	N/A	N/A	S	S	NA	S				
b. Document the patient response to nursing care provided (Responding).						NI	N/A	N/A	NI	S	NA	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	N/A	N/A	S	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	NA	S				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S NI	N/A	N/A	NI	S	NA	S				
*Week 2 –Meditech		CB				CB	CB	CB	CB	NS	NS					

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(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.

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 4(f) – Overall you did a great job with your CDG this week! See my comments on your initial post for further information. You did well to ensure all aspects of the CDG grading rubric were addressed. Both posts included an in-text citation and a reference using appropriate APA formatting. Your response post to Brianna included additional thought and enhanced the conversation. Overall job well done meeting all criteria for a satisfactory evaluation. Keep in mind our discussion about the use of AI when formulating responses. While it can be a great tool, there are grey areas in what is considered to be plagiarism. If you ever have any questions related to its use don't hesitate to reach out. I know the information that was presented came from your own research and knowledge of the patient, just be careful with its use. NS

* 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	N/A	N/A	S	S	NA	S				
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	N/A	N/A	S	S	NA	S				
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	S NA	NA	S				
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	N/A	N/A	S	S	NA	S				
e. Organize time providing patient care efficiently and safely (Responding).						S	N/A	N/A	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	S	NA	S				
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	N/A	N/A	S							
						CB	CB	CB	CB	NS	NS					

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

Fire hydrate located next to UC desk on 3T, pull station located on hallway leading to staff lockers/break room, one located before the fire doors and one located after. 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 5(d,e,g) – You did an excellent job this week managing your time, prioritizing your care, and demonstrating beginning dexterity and competence in various nursing skills. Your time management was efficient, allowing you the opportunity to review his chart and enhance your clinical judgement. You managed basic care well, performing accurate assessments and documenting accordingly. I was proud that you were able to discover a previously unknown foot wound through careful assessment. As a result, you gained experience with assessing a wound and applying a dressing. Well done! NS

* 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	NA	S				
									CB	NS	NS					

Comments

Week 9 6(a) – Clinical judgement skills were utilized to identify a priority nursing problem based on the patient care provided and assessments performed. You correctly identified risk of infection as a priority concern related to his perianal abscess and poor overall hygiene. You did an excellent job describing the risks associated with his abscess and the factors that supported your discussion. Awesome job putting the pieces together and enhancing your clinical judgement! NS

* 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, 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				
*Week 11: BMV									CB							

Comments

* End-of-Program Student Learning Outcomes

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)						S	N/A	N/A	S	S	NA	S				
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						S	N/A	N/A	S	S	NA	S				
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	N/A	N/A	S	S	NA	S				
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).						S	N/A	N/A	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	N/A	N/A	S	S	NA	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	N/A	N/A	S	S	NA U	S				
g. Comply with patient’s Bill of Rights (Responding).						S	N/A	N/A	S	S	NA	S				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	N/A	N/A	S	S	NA	S				
i. Actively engage in self-reflection. (Reflecting)						S	N/A	N/A	S	S	NA	S				
*						CB	CB	CB	CB	NS	NS					

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:

- a.) An area of strength I had during this clinical would be the ability to communicate with the patient and explain to them the procedures/actions I am performing and the reasoning behind them. Although my patient was hard of hearing I made sure that they were able to grasp onto the concept of what I was performing and in being able to assist them throughout the assessment and interaction. **Great job with communication this week, ensuring that your patient knew what was being done and explaining the reasoning. CB**
- b.) In terms of the head-to-toe assessment some items were missed i.e., the capillary refill of the fingers. I will be sure to improve on this and go over the head-to-toe assessment guidelines and videos provided to better grasp the concepts and improve in later weeks. **Cathryn, you have a great plan in place to help you complete all parts of a head to toe assessment without forgetting any parts. CB**

Week 6(8d,f,h): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. CB

Week 9:

- a.) An area of strength that was shown in this clinical is the readiness to learn and accomplish. I was dedicated to caring for my patient and their needs as well trying to come up with ways to make them more comfortable in the hospital environment. I was prepared to dress wounds, assess all areas of the patient's skin, and listen to the patient and their concerns that arose as well as questions they had about their stay. **This is an awesome strength to note this week! I loved your enthusiasm for learning and eagerness to gain experience in any area that you could. Always keep this mindset throughout your schooling and career. I can tell you have a passion for what you are doing and it is always a breath of fresh air to see students excited for each opportunity. You truly did a great job this week and should be proud! Keep it up. NS**
- b.) A weakness for this week would be the unpreparedness when it came to the patient interactions. While my interactions were appropriate, at times I was flustered, and I feel it reflected on to the patient and made him anxious as well. I could use more self-practice in the proper questions and the order that I feel most comfortable with accomplishing the tasks. While every patient is different to remember all assigned actions with the patient with interruptions, and other care team members entering the room is something that is harder to accomplish when completing nursing tasks as opposed to being in the role of an orderly/PCT. **Good insight in your reflection! As a first semester nursing student, there are so many situations that can come up that are simply unfamiliar to you. I like that you discussed how your responses can elicit anxious feelings in the patient. You did well to report his concerns to faculty and the assigned nurse so that his concerns would be addressed. How do you think you could work on improving this in the future? Be sure to give a specific plan on how you can improve moving forward for this competency. Keep up the hard work! NS**

Week 10 8(F) – This competency was changed to “U” this week due to late submission of the clinical tool. Even though you did not have clinical this week, students are still required to submit their tool weekly to demonstrate progression throughout the semester. Remember as stated in the clinical tool directions, 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. To address the “U” you simply need to state when the “U” was received and what you will do in the future to prevent it from happening again. I would suggest setting a re-occurring reminder on your phone prior to the due date and time so that you don't forget. Let me know if you have any questions! NS

Week 11: In compliance with guidelines of the school weekly clinical tools are to be submitted every week, due to late submission I received a “U” for professional behavior, responsibility, and respect. To improve this and prevent it from happening in alter weeks I will be sure to comply to my calendar and keep myself accountable for future assignments.

- a.) An area of strength that I feel I gained during this weeks clinicals is the understanding to adapt and change in patient behavior and adjust accordingly. Patient attitude and behavior can change rapidly especially in my case this week of dealing with a patient with dementia and Alzheimer's. Different actions were displayed and a new

understanding of filling out a head-to-toe assessment with limited information. To comply with an understanding of patient findings and listen to report to determine changes in the patient's abilities is very significant. Communication with between the care team was very important being that the patient was only alert to self which was also an experience that I had not yet encountered during clinicals.

b.) An area for self-growth that could be put forth for future weeks could be the further interpretation of the findings within the head-to-toe assessment. Using skyscape to see counter effects that can occur to the patient and nursing interventions to improve patient care is very important in advocating for the patient and creating a proper plan of care with much prevention in place. In upcoming weeks, I will be more alert of patient determinants and area of concern for the patient by using my resources provided to see indications of further illness occurring. This will not only help my understanding as a student nursing, but my care for patients and my ability to move forward in creating a care map.

* End-of-Program Student Learning Outcomes

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

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

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

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete		

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

<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: _____