

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	NA	NA	NA				
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	NA				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	NA	S	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S	NA	S				
						CB	NS	CB	CB	FB	FB					
						NA	3T, 55 F	NA	NA	3T, 55 F		3T, 67 M				

Clinical Location:
Patient age**

Comments

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

Week 7 1(c,d) – You did a great job coordinating your care effectively during your first experience with a patient as a student nurse. You addressed your patient's needs and ensured accurate data was obtained in your vital sign and head-toe-assessment. You used Maslow's to prioritize your care and addressed their physiological needs through assessment. NS

Week 9 (1a,b)- Maddie, you were able to identify any specific needs for your patient and implement appropriately. You recognized how her prognosis was affecting her in a spiritual and cultural manner, and provided support in a manner that was appropriate for the time and situation. Great job! FB

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

Comments

Week 7 2(a,b) – Great job with your first head-toe-assessment on a real patient as a student nurse! You used the techniques learned in class and lab to obtain important objective and subjective data. In your assessment, you noticed differences in the strengths of pedal pulses, noting a weak pulse in the right dorsalis pedis pulse and normal strength in the left. You also noted that her bilateral upper extremities were cool to touch, bruising and ecchymosis with a dressing in place to the left arm, and noticed a

wound vac in place. Great job with your assessment! For vital signs, you accurately obtained a full set of vitals and noticed hypertension with a blood pressure result of 142/83. All vitals were documented accurately. NS

Week 9 (2a,c)- Great job with patient assessments during this clinical rotation. You provided very thorough and structured assessments. You were able to identify the appropriate focused assessment based on information gathered during the initial assessment. Great job identifying the fall risk for your assigned patient and ensuring all precautions were in place. Make sure to access all lab values and identify their relevance to your patient's status. There were several abnormal lab values on your assigned patient this week. You did discuss diagnostic/lab testing and patient status for your assigned patient providing nursing interventions and care needed on clinical and in your CDG. FB

*** End-of-Program Student Learning Outcomes**

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

Objective

2. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:						NA	S	NA	S	S	NA	S				
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	S	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).						NA	S	NA	S	S	NA	S				
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	S	NA	S	S	NA	S				
e. Communicate effectively with patients and families (Responding).						NA	S	NA	S	S	NA	S				
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	S	NA	S	S	NA	S				
						CB	CB	CB	CB	FB	FB					

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,f) – You were able to effectively communicate with a live patient for the first time as a student nurse. Through communication, you developed a rapport with your patient to learn more about her. You participated as an accountable member of the healthcare team by performing important assessments and documenting your care timely and accurately to ensure all providers were on the same page. NS

Week 9 (3a,b)- Great job receiving and asking for pertinent information during shift report. Appropriate medical terminology was used during all communications provided. Good job communicating appropriately to staff RN and other health care disciplines when necessary. FB

* End-of-Program Student Learning Outcomes

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

Objective																
3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:									S							
a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	NA	S	S	NA	S				
b. Document the patient response to nursing care provided (Responding).						NA	S	NA	S	S	NA	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	NS	NA	S	S	NA	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	NI	NA	NI				
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	NI	NA	NI				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	NA	S	S	NA	S				
*Week 2 –Meditech		CB				CB	NS	CB	CB	FB	FB					

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 4(c) – This competency was changed to “S” because you were able to show beginning skill in navigating the EHR and accessing medication information related to vital signs and assessment. You were also able to participate in the EHR scavenger hunt to familiarize yourself with the electronic chart. NS

Week 7 4(f) – Great work with your CDG posts this week! I enjoyed reading your initial post related to your experience and thought it was great that you shared a love for hot sauce! Its clear that you were able to form a connection in the short time you were with your patient which is awesome to see. You were able to support your post with a reputable resource including both an in-text citation and a reference. Your response to Leah provided additional insight to the conversation and was also supported with an in-text citation and a reference. Job well done! One tip for future success: In your response to Leah, appropriate APA format for the in-text citation would be (Venes, 2021). Keep up the hard work! NS

Week 9 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job! (4f)- CDG was appropriately posted following the CDG rubric, on time, and in a substantive manner. Your response to a peer also followed all the CDG rubric guidelines. Keep up the great work. FB

*** End-of-Program Student Learning Outcomes**

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

Objective

4. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*

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

Comments

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

Week 7 5(h) - Fire pull station + extinguisher next to room 3027. Thank you! NS

Week 9 (5 d,e)- Nice job with the management of the care you provided to your assigned patient. You organize your time appropriately to provide safe, efficient care while making sure to provide care that contributes to positive patient outcomes. FB

* 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	FB	FB					

Comments

Week 9 (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. FB

* 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			NA				
*Week 11: BMV									CB							

Comments

* 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)*

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

**** 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.**

* End-of-Program Student Learning Outcomes

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

- A. One of my areas of strength I would consider is patient communication. I was able to provide the patient detailed descriptions on why each assessment was needed if questions came up, as well as being able to find a topic we could speak about while I was doing my assessment. Another area of strength for me was being able to look for signs and symptoms of her current diagnosis, and to see if it was improving or not. I was able to do this by applying the skills I learned in class and lab to help me identify possible issues/ and or infection. **These are awesome strengths to note for your first clinical experience! You were able to use your experience with customer service and translated your communication skills to the hospital setting. This helps ease the anxiety of both you and the patient and allows for a comfortable, healing atmosphere. Nice job! Additionally, it seems as if you are doing a great job translating what has been learned in the classroom and lab into the clinical setting. It's amazing to see as students begin to put all the pieces together. Keep it up! NS**
- B. One weakness I feel as if I had this week was not being as knowledgeable on my patient as I could've been. Hand-off report went very quick, so key information was not heard as well. Since I missed this information, I could've have gone into the EHR and done a better in-depth assessment of her current diagnosis. Thanks to Nick, he was able to help me go back into my patient's chart to view lab values to understand my patient's current condition. Next clinical, I can improve this by reviewing my patient's chart if I feel as if I've missed any critical information. **Keep in mind, much of the information presented in hand-off report is going to be over your head as a nursing foundations student. With each experience, you will begin to pick up on more key pieces. However, I think you have a great plan moving forward on how you could obtain information that was missed in report. Great job! NS**

Week 9:

- A. One of my main strengths in this clinical was my ability to accurately and correctly do a head-to-toe assessment. I did not have to go back and redo anything or go back because I forgot something. This was a slight struggle for me last clinical, as I had to go back to the room multiple times because I forgot a step. This time, I was able to get it done thoroughly and quickly, and I was able to document my findings accordingly. **Great job with assessments and the care you provided for your patient this week. FB**
- B. My biggest weakness in this clinical was my timing. I spent a lot of time documenting and reviewing the EHR for important details, and because of my time documenting, I missed important patient care such as a bag bath. Within the time I was given, I was able to provide a quick scrub with Thera works wipes and oral care, but I did not have time to do a full bag bath as I had planned. To improve on this, I will still document accordingly, but I will be conscious of my time next clinical. I will make sure I put important patient care before reviewing their past medical record in-depth like I did. Another area of weakness for me was not educating my patient as well as I could've. Next clinical, I will make sure I review proper teaching recommendations with the Firelands sources provided, so correct and applicable information is being taught to my patient. **Time management is a technique you will acquire over time. You must try to get interventions done in a timely manner and documented because you never know what will come up with a patient at any given time. Even if you are well prepared the slightest incident can put you back. Try to stay on top of interventions and your time management will improve. FB**

Week 11:

One of my biggest strengths during this clinical was being able to identify pitting edema and using my patient history and medical record to decipher what that means for my patient. The next day when I went back, the edema had decreased, and using my clinical knowledge and resources, I was able to identify why his edema may have decreased due to certain interventions. This was a big step for me, as I feel like I was finally able to start putting the pieces together on why certain interventions need to be done.

One of my biggest weaknesses at this clinical was patient communication. I had quite the grumpy patient, and learning how to appropriately respond to my patient after certain comments was very new to me. All my previous patients have been very joyous despite their condition, meanwhile this patient was a tad annoyed. With the help of Stacia, I was able to learn certain communication interventions to make my interactions with people like this easier and more efficient. Due to his grumpiness, he wasn't as open to sharing information about how he was feeling, etc. I think I eventually got on his good side, but having a patient be dissatisfied with someone who was trying to care for them was new to me. Next clinical, I can practice these interventions Stacia taught me, such as giving the patient appropriate compliments.

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

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

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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

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

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

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

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____