

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Nursing Foundations – 2024**

**Firelands Regional Medical Center School of Nursing**  
**Sandusky, Ohio**

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**Teaching Assistant:** Stacia Atkins, BSN, RN

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

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

Stacia Atkins

SA

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

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Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b>																
a. Identify spiritual needs of patient (Noticing).									NA	S	S	N/A	S			
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S	N/A	S			
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	N/A	S	S	S	S	N/A	S			
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	N/A	S	S	S	S	N/A	S			
		NS				BL	CB	CB	CB	FB	FB	FB				
		Meditech Orientation				N/A	N/A	3T 53	NA	3T 84	3T 78	N/A	3T 90			

Clinical Location:  
Patient age\*\*

**Comments**

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

Week 8(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 8- thankyou. I feel I can build off of these skills in the future to help me better understand patients' needs and feelings with certain skills and procedures they need to undergo.

Week 9- this week was more challenging because my patient was confused. So therefore, being able to fully understand their spiritual needs was more difficult. My patient stated that he believed in God, but didn't have preferences when it came to his care. Moving forward I feel if I check the chart to see if there is any previous history of spiritual beliefs it would be easier to address these concerns with my patient even if they are unable to communicate that themselves.

Week 9 (1a,b)- Gracey, you were able to identify the needs of this patient even though the patient was experiencing confusion. You recognized how his prognosis was affecting him in a spiritual and cultural manner, and provided support in a manner that was appropriate for the time and situation. Great job! FB

Week 9- thankyou for the uplifting comments, they are much appreciated. Gracey Crabtree

Week 10- for week ten I put all S for this objective, I feel I communicated well with the patient in the beginning and really got to know my patient on a personal level. This part of my clinical I feel went very well. In the future I tend to improve by pacing myself and taking more time one on one with my patient to better understand them on a personal level. Which I attempted in my second day of clinical. I feel the outcome was a lot better in this aspect and I was able to catch my mistakes before submitting my charting and preventing myself from having to go back and reassess things again. Gracey Crabtree.

Week 10 (1c)- Nice job considering your patient's preferences while coordinating appropriate care to ensure positive patient outcomes. FB

Week 10- thank you for the nice comments!

Week 11- for week 11 I put all S for this section. I felt it was very easy to communicate with my patient, she was very friendly and easy to get along with. I felt for this week it was the best I have shown improvements with my patient care.

\* End-of-Program Student Learning Outcomes

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

**Objective**

1. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)\*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b>																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						N/A	N/A	NI	NI	S	S	N/A	S			
b. Use correct technique for vital sign measurement (Responding).						N/A	NA	S	S	S	S	N/A	S			
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	N/A	S NA	S	S	S	N/A	S			
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	S	N/A	S			
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	S	N/A	S			
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	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	S	S	N/A	S			
		NS				BL	CB	CB	CB	FB	FB	FB				

**Comments**

Week 8(2a,b): Gracey, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I read your comment below regarding why you gave yourself an “NI” for your head-to-toe assessment, with more experience and practice and also documenting in your patient’s room, will help with going in and out of the room and forgetting steps of the assessment. I changed competency “2c” to a “NA” because you did not perform a safety assessment during this clinical. CB

Week 8- thank you for changing my S to an NA, I must have overlooked that one by mistake and for future clinical tools I will double, and triple check my comments and ratings to make sure that doesn't happen again.

Week 9- for objective 2F I put an NA because my patient did not have an NG tube to assess or put in place. Therefore, i was unable to rate myself for that objective. I hope in the future I get to experience an NG tube at some point throughout my clinical. **Gracey, you do not need to provide an explanation for every competency not provided. FB**

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**

Week 9- thank you for all the uplifting comments, I did look over my CDG and saw your comments on "CABG", I will keep that in mind and be sure to double check my work before turning it in and make sure to double check my work with skyscape to make sure that it is accurate and in the correct terms.

Week 10- For objective 2 I put all S for satisfactory for these competencies. For C I feel this one was a learning experience for me. I was able to conduct my assessment very well, but while trying to implement precautions it caused my patient to become verbally aggressive. This was a learning experience because I was very shocked and didn't know what to do in the situation. I feel to learn from this situation and prepare myself for the future a good thing I could do to improve would be to ask the previous nurse if the patient is refusing anything or doesn't want things implemented. I feel this can help prevent this from occurring in the future. In regard to competencies F, I put N/A for this objective because I did not care for an NG tube or place or remove one. Therefore, I cannot grade myself on this. I hope to experience this in the future to gain more knowledge on this through my clinical experiences. Gracey Crabtree.

**Week 10 (2a,c,d)- You did a great job performing all assessments. You also demonstrated the ability to gather information from assessments performed to determine a priority problem for your assigned patient. After determining the priority problem, you implemented all necessary interventions. FB**

Week 10- thank you for all the uplifting comments!!

Week 11- For this objective I put all S except for F. because I did not place an NG Tube. My priority problem for my patient was her pain. But she also was a high fall risk, so I was able to implement fall precautions since they were not up. On my second day of clinical my patient had passed out and I had to call a MET. This was a great experience, and I feel I learned a lot through communication. This delayed my vitals and my head-to-toe assessment. But I feel with communicating it made it a lot easier, and I was able to understand what my priorities were at the time and readjust.

\* End-of-Program Student Learning Outcomes

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

**Objective**

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

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b>						N/A	N/A	S	S	S	S	N/A	S			
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	N/A	S	S	S	S	N/A	S			
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	N/A	NA	NA	S	S	N/A	S			
c. Use appropriate medical terminology in verbal and written communication (Responding).						N/A	N/A	S	S	S	S	N/A	S			
d. Report promptly and accurately any change in the status of the patient (Responding).						N/A	N/A	S	S	S	S	N/A	S			
e. Communicate effectively with patients and families (Responding).						N/A	N/A	S	S	S	S	N/A	S			
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						N/A	N/A	S	S	S	S	N/A	S			
		NS				BL	CB	CB	CB	FB	FB	FB				

**Comments**

Week 8(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. I changed competency "3b" to a "NA" because you did not give a hand off report on your patient at the end of clinical. CB

Week 8- thank you for the nice comments, regarding 3b changing it to an NA I will be sure to double and triple check my clinical tool before handing it in to avoid this mistake in the future, thank you for correcting it!

Week 9 (3a,b)- Great job receiving and providing pertinent information during shift report, and hand off 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

Week 10 (3e)- Great job communicating with your patient this week. Communication comes in many forms and building a trusting relationship is very important to a successful plan of care. 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
<b>Competencies:</b>									S							
a. Document vital signs and head to toe assessment according to policy (Responding).						N/A	N/A	S	S	S	N/A	S				
b. Document the patient response to nursing care provided (Responding).						N/A	N/A	S	S	S	N/A	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				N/A	N/A	S	S	S	N/A	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	S	N/A	S				
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	S	N/A	S			
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	N/A	S	S	S	N/A	S				
<b>*Week 2 –Meditech</b>		NS				BL	CB	CB	CB	FB	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 8(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You

completed your first cdg, meeting all requirements per the grading rubric, excellent job! Gracey, when completing an intext citation please refer to the hand-out that Nick and Brittany handed out in class. The intext citation in your cdg should have been written (Myers, 2023). CB

Week 8- thank you for all of the uplifting and encouraging comments! As for my CDG I understand my intext citation was not correct. For the future I plan to look at other citations and the rubric to use as references when checking to make sure my in text citation is correct in the future. Therefore, it will be better for me because I will have double and triple checked based off the rubric and others CDG's to make sure mine is in the correct format.

Week 9- as for my week 9 objective 4, I put all S for those ratings. I feel that at times it was difficult for me to communicate with my patient because of his confusion, but I made sure he was comfortable with everything I was performing and the assessments I was completing. At times it was difficult because I felt my patient didn't fully understand but I continued to communicate and make sure he was comfortable throughout the assessments, which he stated every time that he was. Gracey, when providing care to a patient that is confused, communication is always the appropriate way to approach the situation. You did a great job communicating all interventions you were implementing. Great job! FB

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 did not provide an in-text citation, but did provide a reference, therefore this competency was changed to a NI. Make sure you are following all the CDG rubric guidelines. Keep up the great work. FB

Week 9- thank you for the words of encouragement. In regard to my CDG, I see now that I did not put a reference in my reply to a peer but stated it down below. For the future I will be sure to add the in text citation along with looking over the rubric before submitting my CDG in the future.

Week 10 (4 a,b)- Great job with documentation this week with minimal editing needed. (4c)- You were able to access the medical record, gather pertinent information and interpret data. (4f)- Your discussion post was complete and thorough providing supporting data for the priority problem. You also completed a substantial comment to one of your peers. 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
<b>Competencies:</b>																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						N/A	N/A	S	S	S	S	N/A	S			
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	N/A	S	S	S	S	N/A	S			
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA	N/A	N/A	N/A			
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						N/A	N/A	S	S	S	S	N/A	S			
e. Organize time providing patient care efficiently and safely (Responding).						N/A	N/A	S	S	S	S	N/A	S			
f. Manages hygiene needs of assigned patient (Responding).									NA	S	S	N/A	S			
g. Demonstrate appropriate skill with wound care (Responding).									NA		S	N/A	S			
<b>h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).</b>						N/A	N/A	S	S							
		NS				BL	CB	CB	CB	FB	FB	FB				

Comments

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

Week 8- There is a fire pull station by the nurse's station and a fire extinguisher by room 3010. (Gracey Crabtree). Thank you! CB

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9- through this objective for 5c I put NA under this box because my patient did not have a foley or need one while he was under my care. Therefore, I was unable to put an S for this objective because I did not experience this in clinical. I hope for future clinicals I will be able to experience this at some point.

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

Week 10- For competencies C I put N/A because I did not care for a foley catheter or remove or place one. Therefore, I am unable to grade myself on this. I hope with our last clinical I will be able to care for a patient with one or experience it through my time at clinicals. Then for competencies F I did rate myself with an S because I attempted to perform hygiene with my patient, but he refused, I attempted to go back in the room one more time to ask but he was firm on his answer which I respected. I hope with my next patient I will be able to perform hygiene care! For this objective and competency G I put an S. With my first day in clinical this week, a nurse asked Myself and Bri if we wanted to help change a wound dressing. This was a very neat experience, and I feel I learned a lot while doing this. It was an incision on the left side of the patient, which we had to remove the dressing and repack it and redress it. This was something I would love to continue to build upon but was a great first time experience! Great job with the dressing change. Implementing skills on a real patient is great for your confidence level and each experience will further enhance the skill. FB

Week 10 (5e) Great job managing time effectively to provide all necessary care for your patient and getting the patient. (5f) Great job offering try to strongly encourage hygiene care for your assigned patients. Hygiene care is often intimidating at first but the more you perform the care the better you will feel about completing the intervention. FB

Week 10- thankyou for all the encouraging and uplifting comments throughout my clinical tool, they are much appreciated!!! As to (5e) I will remember that for future clinicals next week and try to encourage hygiene more frequently, possibly even educate if needed to help my patient better understand the importance of hygiene!

Week 11- as for this week for 5C. I put N/A because I did not do catheter care or foley insertion. For 5e. I put S because I was able to perform hygiene care this clinical rotation. This was a new one for me. I feel for the future it would be better if I grabbed all the things I need before starting hygiene care. I was excited that I finally got to complete this! For the future I would like to try and remember to gather all my equipment before going into the room, and make sure they they have everything they need to do their hygiene care, I feel my strength with this is that I asked 2-3 times to make sure my patient refused and then they finally said yes to doing some care!

\* End-of-Program Student Learning Outcomes

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

<b>Objective</b>																
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	S	N/A	S			
		NS							CB	FB	FB	FB				

**Comments**

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

Week 10 (6a)- Great job utilizing clinical judgement while providing care to your 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
<b>Competencies:</b>																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				S			
b. Recognize patient drug allergies (Interpreting).									NA				S			
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				S			
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				S			
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				S			
f. Assess the patient response to PRN medications (Responding).									NA				S			
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			N/A S	S			
<b>*Week 11: BMV</b>		NS							CB			FB				

**Comments**

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

Week 11- this week we did med passes. This was a learning experience. I feel my strength with this med pass was listening to my instructor and making sure I was double checking the meds. For the future I feel some ways I can improve would be to keep an open mind and try not to get as distracted when others are in the room and stay focused on my task at hand. Other than that, I felt my first med pass went very well.

\* 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
<b>Competencies:</b>																
a. Reflect on areas of strength** (Reflecting)						N/A	N/A	S NI	S	S	S	N/A	S			
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	N/A	S NI	S	S	S	N/A	S			
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	N/A	S	S	S	S	N/A	S			
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						N/A	N/A	S	S	S	S	N/A	S			
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						N/A	N/A	S	S	S	S	N/A	S			
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A NI	N/A	S	S	S	S	N/A	S			
g. Comply with patient's Bill of Rights (Responding).						N/A	N/A	S	S	S	S	N/A	S			
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						N/A	N/A	S	S	S	S	N/A	S			
i. Actively engage in self-reflection. (Reflecting)						N/A	S NA	S	S	S	S	N/A	S			
*		NS				BL	CB	CB	CB	FB	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.**

Week 6-8(f) This competency was changed to an “NI” this week because you did not submit the correct Clinical Evaluation Tool by the due date and time. As a friendly reminder, be sure that you are uploading the correct version of your tool with the previous instructor’s feedback and initials present. It is always a good idea to open and double check your document after you have submitted it too. If you have any questions about this process or need assistance, please do not hesitate to reach out to any of the faculty. BL

- week 7 clinical tools. N/A did not have clinical. For week 7 clinical experience I put S for the box in reflecting. (heres why)- I will work on being more professional and being more prepared and reaching out to instructors if I need help. For lab I will work on listening more and paying more attention to labels and ingredients on materials used in lab. For example, I was practicing my NG placement for lab check off and wasn’t wearing any gloves. I ended up having an allergic reaction to the mannequin lube used in lab. This is something I will work on and remember to always wear gloves when practicing and checking off, while also remembering to be cautious and read ingredient labels and be aware of what I’m touching. Referring to week 6 and further clinical days and tools I will be sure to send in the proper clinical tool with the comments on time and show professional behavior and responsibility. Thank you for the help. -Gracey Crabtree. **Gracey, thank you for your self-reflection, although I changed competency 8i to a “NA” due to you not having clinical. You can only self-rate “S” or “NI” if you are actually in clinical. You have a great plan in place and being accountable is a great way to show professionalism. CB**

Week 7- thank you for replacing it with an NA, I was unsure if I had to put an S because I self-reflecting on myself in the comments. I appreciate the words of encouragement and will keep that in mind from now on. (Gracey Crabtree).

Week 8- through this clinical I was feeling very overwhelmed and stressed about forgetting things. For my Head-to-Toe Assessment I feel I was very overwhelmed and nervous, so I ended up forgetting things and having to go back in the room and reassess or ask more questions. In the future I feel if I were to calm my nerves more and just relax, I think it would help me be more focused on the task at hand. Especially if I didn’t rush, I think I would have remembered more of the assessment or things I forgot, which would eliminate me having to go in and out of the room. Other than that, I felt my clinical experience for my first time went a lot better than I thought it would be walking into it. I think there are areas of improvement when it comes to being nervous and just taking my time. But overall, I had a great experience and will continue to build on the things I’m taught. Therefore, that is why I put an NI for my head-to-toe assessment, mainly because of the rushing and being nervous. Which I feel could have gone differently if I was calmer and tried to remember things while I was in the room. (Gracey Crabtree). **Gracey, competency 8a and 8b were changed to a “NI” because you did not concretely state a strength that you had in clinical and you did not give a plan for how you would improve on your weakness. Also, if you are commenting on a specific competency, please place your comments under that specific objective. CB**

Week 8(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 8- thank you for the feedback, as for week 8 my weakness was forgetting my assessments and being rushed personally. As for future clinicals I will try and clam my nerves and look over my materials and steps before coming to clinical, so I feel more prepared. I also feel that if I get there early enough it will help me to not feel as rushed when doing my assessments and I will have more time to prepare. Therefore, if I take the time to come early, as well as look over my my materials to better prepare myself the night before clinical.

Week 9- (8a) Some of my strengths with this clinical I feel were the ability to power through my assessments and being able to communicate with my patient enough to be able to answer the questions I felt needed answers for my assessments. I feel even though my patient was confused, using my resources and communicating with the nurse and other staff members helped me really focus in on my assessment. I feel my strength through this clinical was my communication because of the barriers I was able to overcome. (8b) some of my weaknesses through this clinical were taking a step back and finding the best way to communicate with my patient who was confused. I really struggled in the beginning with this because I felt it would be hard to know my patient’s exact feelings and thoughts with my assessments and making sure they understood the reasoning behind everything. For the future I feel if I better prepare and go through the patients chat before entering the room, it will help me to better understand their needs and the assessments I need to focus on. Possibly even communicating with family to better understand my patient’s spiritual needs and thoughts with patient care.

Having a conversation with a family member or even going through the patient's chart I feel would help me to better prepare before entering the room for future clinicals especially if the patient **cant** fully communicate their feelings and needs with me. GC

Week 9 (8a) Gracey, you did a great job with communication. Communication can be difficult with a patient that is confused, a main point is to continue communicating as you are implementing each intervention. (8b) Make sure to slow down and use these clinicals as learning experiences. You will encounter many different personalities with many different medical issues. When you are considering strengths and weakness in the future try to provide something different. I felt like you are saying communication was a strength and weakness for this clinical experience. My observation this week was concerned with rushing through the assessment, charting and the researching of your patient's chart. You are not in a race, so please slow down and take these opportunities to learn as much as possible. FB

Week 10- through this clinical I felt that my strength was being able to handle mood changes with my patient. Through this clinical I was assessing and trying to implement precautions but while doing this I was unaware that my patient had previously refused the fall precautions. Therefore, this caused a little disagreement and caused my patient to be very agitated. My first step in trying to resolve the issue was to get my clinical instructor and make the primary RN aware of the situation. From there we took steps to resolve the issue together. For future clinicals I feel to improve this along the way would be to ask in report if my patient is refusing care or types of care or precautions, that way it will help illuminate any issues or miscommunications. Gracey, you are learning and will deal and be confronted with many difficult situations. You will become better at dealing with these types of situations. You did a great job handling your patient this week and the changes in mood that he displayed. Regarding my week 9 clinical day, I am taking into consideration that I was rushing through my assessments. Through my clinical 10 days, I tried to improve this and take my time with assessments and charting, to be sure I wasn't missing any areas or having to go back in my patient's room to reassess. I feel this is something I can still work to improve on because it was also one of my weaknesses through this week, and ways I can do this can be things like charting in the patient's room, asking more focused questions, and running through assessment steps in my head to be sure I'm not missing any areas or rushing out. Therefore, I feel these are things that will help me improve with the rushing and help me focus more when doing my assessments. Gracey Crabtree. Gracey, you are progressing appropriately with each clinical experience. Staying in the room and completing all necessary charting is a good practice to complete interventions. You are not in a race, take your time so you can perfect each of your interventions while you are learning and have the time to do so. You are going to be a great nurse in the near future keep up the great work. FB

Week 10- I put N/A for all my week 11 boxes due to the fact that I did not have clinical this week. Regarding my week ten, thank you for the feedback and positive comments on my clinical week! As for my clinical time management, I agree that I tend to rush, this is something I am trying to improve on. I feel some ways I can better improve on this for next week can be things like continuing to chart in the room, taking deep breaths and trying to not focus so much on all the other tasks I still must complete. Trying to focus more on my tasks at hand instead of trying to jump right into the next task. Possibly trying to even slow down my head-to-toe assessment and even try and think about my priority problem while looking over my patient and asking questions. Thank you for the feedback, Fran! See you next week! You are welcome. FB

Week 11- this week was in my opinion the best I have performed so far at clinical. I think my biggest strength with this clinical rotation was when my patient became unresponsive in the bathroom and I stayed with her the entire time and called for help, I felt I had a good handle on the situation at hand and didn't panic. I feel one thing I could improve on through this clinical rotation is doing my own research. I learned the hard way that you can't take what other nurses say in report as the end result, you have to do your own digging in the patient's chart to find the right answers and confirmation of orders and medications. Not everything in report is correct and a lot could be missing. Overall, I feel I showed the most improvement through this clinical, and for future clinicals I can't wait to experience more med passes!

\* End-of-Program Student Learning Outcomes

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

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

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

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

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

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

**Reference**

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

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

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

**Faculty/Teaching Assistant Comments:**

**Total Points:**

**Faculty/Teaching Assistant Initials:**

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

<b>Simulation Evaluation</b>					<b>Lab Skills</b>							
<b>Skills Lab Competency Evaluation</b>	Performance Codes:				Simulation #1		Simulation #2					
	Week 1 (4)* S: Satisfactory U: Unsatisfactory	Week 2 (3,5,6)* S: Satisfactory U: Unsatisfactory	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*	
	Date: 8/19/2024	Date: 8/26/2024	Date: 9/4/24	Date: 9/9/2024	Date: 11/5/2024 or 11/12/2024	Date: 9/16, 9/23/2024	Date: 11/25/2024 or 11/26/2024	Date: 9/30/2024	Date: 10/7/2024 & 10/9/2024	Date: 10/14/2024	Date: 10/21/2024	Date: 10/29/2024
	Evaluation (See Simulation Rubric)											
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty Initials	HS	HS	NS	AR	AR	AR	NS	NS/CB	CB	AR	AR	
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

\*Course Objectives

\* Course Objectives

Firelands Regional Medical Center School of Nursing  
Nursing Foundations 2024  
Skills Lab Competency Tool

Student Name: Gracey Crabtree

Comments:

**Week 1 (Technology Lab):** During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.

- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. HS

**Week 2 (Hand Hygiene; Vital Signs; PPE):** During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.

Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! HS

**Week 3 (Vital Signs):**

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 108/66, and you identified it as 108/64, which was within the range for a satisfactory result. The second measurement was set at 126/88 and you interpreted it as 128/90, within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, great work! You provided accurate detail in your communication with the “patient”. Your documentation was 100% accurate. I encourage you to continue practicing obtaining a manual pulse with palpation. Your technique and approach were very good; however, you obtained a pulse rate of 60 with palpation, and the Spo2 monitor was reading 74-76. This may have been due to losing track of the full 30 seconds due to your watch going asleep. A little practice will help you master this skill. Keep up the great work!! NS

**Week 4 (Assessment):**

Satisfactory with head to toe assessment guided practice, hand-off report activity, Lexicomp/Intranet navigation activity, and the assessment/safety activity utilizing your clinical judgment skills. Great job! You will be observed 1:1 for Head to Toe Assessment competency during Week 5. AR

**Week 5 (Assessment; Mobility):**

Excellent job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail, were clearly well-prepared, and during the pain assessment you asked your patient if it was okay to continue the assessment. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. You were able to correctly identify the lung sounds as crackles, and bowel sounds as hyperactive. Job well done!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, you did a great job paying close attention to detail!

Overall you did an excellent job!

**Pain-** all okay

**Vital signs-** all okay

**Safety-** all okay

**Physical reassessment-**

Cardiovascular (pulse)- bilateral dorsalis pedis and left radial, omitted “palpation”; (edema)- omitted left upper extremity “non-pitting, puffy”

Mobility Lab 9/19/2024: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. AR

**Week 6 (Personal Hygiene Skills):**

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD’s, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! AR

**Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):**

Nice job this week in the skills lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. For the Insertion checklist, you did not require any prompts. For irrigation, one prompt was required for verifying placement prior to working with the NG tube. For removal, you also did not require any prompts, well done. You were able to verbalize understanding of the difference between irrigation and flushing and aspiration precautions. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! NS

**Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):**

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. One prompt was required during insertion related to asking the patient about allergies to latex or iodine prior to starting. Otherwise, you did not require any additional prompts, nice work! You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. You correctly verbalized the differences in catheter insertion for a male patient. You also actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work! NS

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Great job! CB

**Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):**

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did require a prompt related to using skin prep and initiated/maintained the “clean” field and followed aseptic technique throughout. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! CB

**Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):**

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

**Week 11 (Medication Lab):**

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR

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