

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
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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	S	S	NA	S	NA		
b. Identify cultural factors that influence healthcare (Noticing).						NA	NA	NA	NA	S	S	NA	S	NA		
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	NA	S	S	S	S	NA	S	NA		
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	NA	S	S	S	S	NA	S	NA		
Clinical Location: Patient age**		NS				BL	CB	CB	CB	CB	CB	CB	CB	CB		
		Meditech Orientation					NA	3T 57 y/o	NA	4N 82 y/o	4N 81y/o	NA	4N 87	NA		

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

Week 9(1d): Colleen, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

Week 10(1c,d) – Colleen, nice job this week interacting with your patient, and respecting your patient’s preferences, values, and needs. You used Maslow’s to determine the importance of meeting the physiological needs of your patient first. CB

Week 12(1a,b,d): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. You did a nice job meeting the needs of your patient, using Maslow’s. CB

* End-of-Program Student Learning Outcomes

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

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

Comments

Week 8(2a,b): Colleen, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your

patient's priority problem and lab/diagnostic testing that would correlate. I changed competency 2d to a "S", although meditech doesn't allow students to document the skin risk assessment, you are completing this during your head to toe assessment. CB

Week 10(2a,e,g): Great job performing your head to toe assessment using different techniques to help you collect data on your patient. You were able to use findings from your assessment and look at diagnostic studies in the EMR to understand your patient's priority problem. You were able to look at your patient's nutritional status (BMI, meal intake, modified diets) and see how that tied in with your priority problem as well. CB

Week 12(2a,d,g): Colleen, great job performing your head to toe assessment, being very thorough and detailed. Although you are unable to document a skin assessment, this was also performed during your head to toe. You did a nice job describing labs and diagnostic test that you patient had performed related to their priority problem. CB

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

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

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

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. Competency 3b was changed to a "NA" because you did not give hand-off report to the RN before we left the unit. CB

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. CB

Week 10: I put NI for competency 3b because I feel my hand off reports should be more detailed, and I forget what I was going to tell my nurse when it's time to give handoff report. Thank you for leaving a comment. You will find that with more experience, relaying information will become easier. CB

Week 10(3e): Colleen, great job this week communicating with your patients and families. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 12(3e): Excellent job this week communicating with your patients, peers, and floor staff. You did a nice job communicating during your medication pass, ensuring that your patient was aware of what meds they were receiving. CB

* End-of-Program Student Learning Outcomes

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

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

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 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! CB

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Great job meeting all the requirements for your cdg this week. CB

Week 10(4c,f): You did a good job of accessing your patient's EMR to look up information related to your patient's hospitalization. You did a great job on your cdg this week, meeting all requirements. CB

Week 12(4c,e,f): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. You did a great job on your cdg this week, meeting all requirements per the grading rubric. When using an intext citation with 3 or more authors, it should read: (Deglin et al., 2024). CB

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

Comments

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

week 8: during clinical I found a fire extinguisher and a pull station next to the nurse's station by the elevators. 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(5c): Great job maintaining your patient's foley catheter following the guidelines to prevent CAUTI. CB

Week 10(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient, transferring patient's to the chair (helping peers with their patient's), and while your patient was in bed, great job! CB
providers orders. CB

Week 12(5c,e): Colleen, you did an excellent job with foley catheter insertion. You were prepared, gathered the appropriate supplies, and did a great job not breaking the sterile field. You communicated with your patient during the whole process, and documented appropriately. Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB

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

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

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

Comments

Week 9(6a): Great job this week realizing what your patient's priority problem would be in order to develop a patient centered plan of care. CB

Week 10(6a): Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient's priority problem, and centering patient care around that. CB

week 12: I put NI for this competency because I feel I need improvement on figuring out my patient's priority problem.

Week 12(6a): Colleen, I changed the "NI" in competency 6a to a "S" because you are a foundational student and with more experience it will become easier to find your patient's priority problem when there are multiple things wrong. You were able to develop a plan of care for your patient related to their priority problem this week in clinical, good job! In your cdg, you listed appropriate interventions you implement for your patient's priority problem. CB

* 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	NA		NA				S	NA		
b. Recognize patient drug allergies (Interpreting).						NA	NA		NA				S	NA		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).						NA	NA		NA				S	NA		
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).						NA	NA		NA				S	NA		
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).						NA	NA		NA				S	NA		
f. Assess the patient response to PRN medications (Responding).						NA	NA		NA				S	NA		
g. Demonstrate medication administration documentation appropriately using BMV (Responding).						NA	NA		NA			S	S	NA		
*Week 11: BMV		NS							CB			CB	CB	CB		

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 12(7a-d, g): Colleen, you did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You reassessed your patient after giving medications, ensuring their safety. You followed the 7 rights of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. CB

* End-of-Program Student Learning Outcomes

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

Objective																
2. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*																
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	NA	S	S	S	S	NA	S	NA		
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						NA	NA	S	S	S	S	NA	S	NA		
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	NA	S	S	S	S	NA	S	NA		
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						NA	NA	S	S	S	S	NA	S	NA		
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						NA	NA	S	S	S	S	NA	S	NA		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA NI	NA	S U	U	S	S	NA	S	NA		
g. Comply with patient's Bill of Rights (Responding).						NA	NA	S	S	S	S	NA	S	NA		
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	NA	S	S	S	S	NA	S	NA		
i. Actively engage in self-reflection. (Reflecting)						U	NA	S	S	S	S	NA	S	NA		
*		NS				BL	CB	CB	CB	CB	CB	CB	CB	CB		

**** 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” because your Clinical Evaluation Tool was submitted after the due date and time. As a reminder, your Clinical Evaluation Tool is due each week on Saturday at 2200 whether you have a clinical experience or not. 8(i) This competency was rated as “U” because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

I will make sure to carefully read and self-rate all competencies appropriately every week to ensure I do not miss any boxes. I will also make sure I turn in my clinical tools on time every week and hold myself accountable. Colleen, thank you for addressing the “U” you received in week 6, with a plan to ensure your clinical tool is turned in on time and all competencies are completed. CB

Week 8: One competency I feel strongly in is communicating effectively with my patient. I have been in healthcare for 3 years prior therefore talking to a patient comes very easy to me. One competency I feel needs improvement is remembering everything for my head to toe. During my assessment I forgot a couple things; this being said to fix this problem I will go over my checklist for my assessment 3 times before my next clinical. Colleen, you did a great job communicating with your patient this week! You have a great plan in place to ensure that you are thorough moving forward with your head to toe assessments. CB

Week 8(8f): Colleen, this competency was changed to an “U” due to you submitting the incorrect clinical tool, which in turn the correct tool was submitted past the due date and time. According to the performance code on page 2, a “U” in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the “U”, the faculty member (s) will continue to rate the competency unsatisfactory. Please be sure to include this on your Week 9 tool. If you have any questions about this process, please do not hesitate to reach out. CB

I realize last week I received a U for turning in the wrong clinical tool. I will also double check my tool every week before submitting it to make sure it’s the right one. Thank you for addressing the “U” rating you received for 8f. CB

Week 9: One competency I feel strongly in is performing my head-to-toe assessment. I did not forget anything this week while performing it and I feel that my plan from last week to go over my check list helped me a lot. Colleen, I am glad you feel more confident in your head to toe assessment. You will find the more experience you have, how natural completing one will be. CB

One competency I feel needs improvement is charting. I feel like I am very slow while charting so I don’t miss anything but since I am slow it takes time away from my patient care. To help with this I will go over my meditech guidelines paper 3 times before my next clinical to help myself remember the order of where things are so I can be a little faster. Colleen, like everything else, the more you do it, the easier it will become. You have a great plan in place to help with the time its taking you to complete documentation. CB

Week 10: One competency I feel I am best at is providing basic patient care including hygiene and peri care. I feel that having experience in this field has helped me a lot throughout my clinical experience. Colleen, having a little experience goes a long way, especially when it comes to bathing and peri care. Keep up the great work! CB One competency I could work on is being more detailed in my hand off report. I get a little nervous when we give report only because I know the nurses are busy and I don’t want to bother them, so I tend to only give some details about my patient and what I did. To improve this I will write down everything I want to say in my hand off report every week on my SBAR paper so I do not forget anything important that I did to give a more detailed report. This is a great plan to improve giving a detailed, thorough hand-off report. CB

Week 12: One competency I feel strongly in is assessing my patient's lab values and vital signs before and after giving meds. My patient had a high potassium level and was prescribed a potassium pill, we checked her labs and did not give it. I also assessed my patients' blood pressure before giving them their antihypertensive med and after I gave the med to see how effective it was. **You did a great job assessing labs and vitals to ensure your patient's safety before, during, and after med pass. CB**
One competency I feel I need improvement on is trying to figure out my patient's top priority problem. I can find a lot of priority problems for my patient on skyscape I just have a hard time figuring out which one is top priority over the others. **Figuring out your patient's priority problem will become easier the more you are exposed to different diagnosis and problems and the more you utilize skyscape in finding the priority problems. CB**

Week 12(8i): Colleen, thank you for reflecting on your first medication pass in your cdg! As you experience passing medications in future clinicals, you will gain confidence and education on more medications. CB

*** 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: - 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)	S	
Faculty Initials	CB	
Remediation: Date/Evaluation/Initials	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer

STUDENT NAME(S) AND ROLE(S): Lexi Bores (M), Aaron Brummett (A), Colleen Camp (O), Jameson Lee (O)

GROUP #: 9

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/12/2024 1100-1200

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Assessment nurse introduced self and role. Identified patient with name and date of birth when entering the room for patient safety. Noticed temp 99.2, HR 80, RR 18, B/P 130/74. SpO2 of 91% RA. Noticed low SpO2 (91%) as abnormal and informed patient that interventions would be implemented. Pain assessment performed. Noticed cough and asked patient about how long it has been going on. Asked patient about sputum, consistency, and color. Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. Asked patient about SOB. Recognized lung sounds as crackles. Noticed redness to heels when patient complained of pain (discussed in debriefing). Medication nurse introduced self and role when entering the room. Performed 7 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth. Information obtain from patient about how medications are taken. Asked about allergies. Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects.				
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized vital signs before completing a full head to toe assessment. Interpreted low SpO2 of 91% as requiring oxygen per physician's order. Prioritized medication safety practicing 7 rights of medication administration. Interpreted guaifenesin medication PRN for nonproductive/persistent cough. Interpreted side effects of medications appropriately.				

RESPONDING: (1,2,3,4,5,6,7) *					Practiced standard precautions with hand hygiene before entering the room. Promptly performed a thorough head-to-toe assessment. Elevated HOB when shortness of breath was noticed. Collaborative communication between assessment and medication nurse. Communicated with patient about interventions being performed, with questions answered appropriately. Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders. Responded to the patient's complaints of pain to bilateral heels by initiating a pillow to offload pressure. Educated on fall precautions and implemented bed alarm. Good body mechanics by raising the bed and lowering the side rails. Reassured respiratory status after oxygen applied. Communicated am medications with patient. Education provided to patient on medication and side effects. Utilized BMV scanner for medication administration.
• Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B					
REFLECTING: (1,2,4,5,6,8) *					Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient sit up in bed to improve lung expansions to improve Spo2 levels. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the six medication rights. Identified positive communication between team members and with the patient. Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. Good discussions amongst all members of the team. Nice job!
• Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B					

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) *	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally, displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. Satisfactory Completion of NF Scenario #1.
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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: _____