

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)
11/2/2024	1 H	Week 11 clinical peer response	11/4/2024
Faculty’s Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS
Heather Schwerer			HS
Brittany Lombardi			BL

Stacia Atkins

SA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify spiritual needs of patient (Noticing).									NA	S	N/A	S	N/A	S		
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	N/A	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	N/A	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	N/A	S	N/A	S		
		NS				CB	CB	FB	FB	CB	CB	CB	CB	CB		
Clinical Location: Patient age**		Meditech Orientation				NA	N/A	3T; 80 yrs/o		4N; 82	NA	4N; 92	NA	4N; 77		

Comments

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

Week 8 (1c)-Great job with responding to the needs of your patient and coordinating care respectfully. FB

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

Week 11(1c,d) – Jordan, 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 13(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).						N/A	N/A	S	S	S	N/A	S	N/A	S		
b. Use correct technique for vital sign measurement (Responding).						N/A	N/A	S	S	S	N/A	S	N/A	S		
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	N/A	S	S	S	N/A	S	N/A	S		
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	N/A	S	N/A	S		
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	N/A	S	N/A	S		
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	N/A	N/A	S NA	N/A	N/A		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	N/A	S	N/A	S		
		NS				CB	CB	FB	FB	CB	CB	CB	CB	CB		

Comments

Week 8 (2a,b)- You did a great job with systematically performing your head to toe assessment. You also recognized an abnormality related to the patient's dorsalis pedal pulses, and rechecked with doppler. FB

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. CB

Week 11(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. I changed competency 2f to a "NA" because your patient did not have a NG tube. CB

Week 13(2a,d,g): Jordan, 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:						N/A	N/A	S	S	S	N/A	S	N/A	S		
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	N/A	S	S	S	N/A	S	N/A	S		
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	N/A	N/A	NA	S	N/A	S	N/A	S		
c. Use appropriate medical terminology in verbal and written communication (Responding).						N/A	N/A	S	S	S	N/A	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	N/A	S	N/A	S		
e. Communicate effectively with patients and families (Responding).						N/A	N/A	S	S	S	N/A	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	N/A	S	N/A	S		
		NS				CB	CB	FB	FB	CB	CB	CB	CB	CB		

Comments

Week 8 (3a-f)- Great job receiving report, providing important information related to assessment findings in a timely manner, and communicating with your assigned patient. You responded appropriately to an abnormal pedal pulses realizing the importance of the abnormality and reported promptly, great job! FB

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

Week 11(3e): Jordan, great job this week communicating with your patient. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 13(3e): Excellent job this week communicating with your patients, families, 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).						N/A	N/A	S	S	S	N/A	S	N/A	S		
b. Document the patient response to nursing care provided (Responding).						N/A	N/A	S	S	S	N/A	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	N/A	S		
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	N/A	N/A	N/A	N/A	N/A		
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	N/A	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	N/A	S		
*Week 2 –Meditech		NS				CB	CB	FB	FB	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,c,f) Good job with head to toe and vital sign documentation this week. Documentation was completed with minimal corrections. You were able to access medical information on your assigned patient appropriately. Your clinical discussion followed all criteria within the rubric and was posted on time. FB

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 11(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 initial post, but you did not post a peer response this week, therefore competency 4f was changed to a "U". Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. CB

Week 11 (4c,f): I forgot to submit a peer response and turn it in on time. For the future, I will make sure to set/write a reminder to prevent this from happening again. Jordan, thank you for addressing this "U" and having a plan in place. CB

Week 13(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, but you did not include a reference for your initial post, therefore competency 4f was changed to a "NI". 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).						N/A	N/A	S	S	S	N/A	S	N/A	S		
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	N/A	S	S	S	N/A	S	N/A	S		
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	S	N/A	S NA	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	N/A	S	N/A	S		
e. Organize time providing patient care efficiently and safely (Responding).						N/A	N/A	S	S	S	N/A	S	N/A	S		
f. Manages hygiene needs of assigned patient (Responding).									NA	S	N/A	S	N/A	S		
g. Demonstrate appropriate skill with wound care (Responding).									NA		N/A	N/A	N/A	N/A		
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						N/A	N/A	S	S							
		NS				CB	CB	FB	FB	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 (5.h.) The location of the fire extinguishers was across room 3036 next the nutrition/med area (par room) and at every entrance to the stairs (usually at the ends near rooms 3010 and 3027. The pull stations are throughout the walls on the floor, but some locations are in the hallway with the locker room and staff lounge, and next to the Nursing Directors office right across the main elevators.

Week 8 (5e,h)- Great job providing safe and efficient care to your assigned patient. Satisfactory location of fire extinguisher. FB

Week 9(5c): Great job maintaining your patient's foley catheter following the guidelines to prevent CAUTI. CB

Week 11(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient, transferring your patient to the chair, and while your patient was in bed, great job! I changed competency 5c to a "NA" due to your patient not having a foley catheter. CB

Week 13(5e): 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	S	N/A	S	N/A	S		
		NS							FB	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 11(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 13(6a): 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				N/A	S		
b. Recognize patient drug allergies (Interpreting).									NA				N/A	S		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				N/A	S		
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				N/A	S		
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				N/A	N/A		
f. Assess the patient response to PRN medications (Responding).									NA				N/A	N/A		
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	N/A	S		
*Week 11: BMV		NS							FB			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 13(7a-d, g): Jordan, 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)						N/A	N/A	S	S	S	N/A	S	U	S		
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	N/A	S	S	S	N/A	S	U	S		
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	N/A	S	S	S	N/A	S	U	S		
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						N/A	N/A	S	S	S	N/A	S	U	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	N/A	S	U	S		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A U	N/A	S	S	S	N/A	S NI	U	S		
g. Comply with patient's Bill of Rights (Responding).						N/A	N/A	S	S	S	N/A	S	U	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	N/A	S	U	S		
i. Actively engage in self-reflection. (Reflecting)						N/A	N/A	S	S	S	N/A	S	U	S		
*		NS				CB	CB	FB	FB	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(8f): Jordan, this competency was changed to an “U” because of your late submission of your clinical tool. Please read the following, that was copied from the directions above: A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. CB

In the future, I will submit my clinical tool on time and remember to set an alarm or make sure to write down on my calendar due dates. Jordan, thank you for addressing your “U” you received in week 6. CB

Week 8 (8.1. & 8.2.) For my strength, I was good at obtaining vital signs, doing the top half of the assessment, asking questions, and forming a bond with my patient. My patient had to use the bathroom during the assessment and had low O2 saturation, so those events interrupted my thinking. With that being said, my weaknesses were trying to palpate the dorsalis pedis and posterior tibial pulses. So, to find them I had to grab a doppler to listen to each of the four pulses. To better myself, I will practice on friends and family, so that I can accurately measure and find the pedal pulses for the next set of clinicals. Great plan Jordan, practice will help being able to find pulses easier. If you cannot find pulses it is okay to use a doppler. I was glad you recognized the need to find the pulses and reach out for assistance. FB

Week 9 (9.1 & 9.2) This time, my strength was making sure to ask as many questions as comfortable and was able to get quite a bit from our conversations. She was in a lot of pain, and I made that my focus every time I went in to make sure she was comfortable and relaxed. I was also very determined to make sure I had gotten most of my head-to-toe complete despite all the interruptions and tried my best at charting in a timely manner. Jordan, you did a great job communicating with your patient this week. You will find that there are usually numerous interruptions, but time management is key. CB

My weakness would have to be listening to her bowel sounds. They were there, but they were very faint and the first few times I didn't think I heard anything until I had my instructor listen for me. I could hear them in the RUQ, LUQ, and LLQ but not the RLQ. To improve, I will practice listening and finding bowel sounds on my family members, friends, and whoever wants to let me practice on them. Jordan, this is a great plan to improve upon your weakness. With more time and experience, it will become easier hear bowel sounds in the different quadrants. CB

Week 10 (10.1 & 10.2) This week, my strength was getting everything done in a timely manner, being able to hear and listen to his bowel sounds, and asking many questions with my patient and instructors. I made sure my patient had everything he needed and made sure to keep the pressure off his coccyx area to prevent a pressure injury. Great job this week with time management and ensuring your patient was turned and repositioned. CB

An area of weakness this time was forgetting to ask if he has had a fall within the last 6 months and while giving him a bath the bag fell and got water everywhere. Next time, I will make sure to slow down and make sure I ask the questions needed and to prevent any messes or slipping hazards by putting the bag where it won't fall. Jordan, I have had this happen many times, but slowing down and ensuring safety is a great plan. CB

Week 11(8f): This competency was changed to a “NI” related to professionalism and responsibility, because you did not post a response to a peer. CB

Week 12(8a-1): Jordan, these competencies were not self-rated, therefore are rated a “U”. Please read the following directions taken from page 2 of this document; 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. CB

Week 12 (8a-1): Next time, I will make sure to triple check that everything is filled out before turning this assignment and others in. I will pay more attention to what I have done and what I still need to do. Jordan, thank you for addressing your “U” ratings for objective 8. CB

Week 13 (13.1 & 13.2) For my strength this week, giving my first round of medications would have to be one. I was nervous and excited at the same time, but I also feel like I did well, especially with the subcutaneous one. It was my first actual injection given to someone other than my classmates and I think that is something to be proud of.

You did a great job passing medication this week. Giving an injection on a real patient for this first time is very nerve wrecking, great job! CB

A weakness that I feel needs improved is not filling my schedule with more than I can chew. I have been trying to work while trying to find time to study and finish my assignments. I have also been stressed out with not being able to pay some of my bills while still being a good student. I have been running on fumes and it has been making me miss more than I used too. To fix this, I will need to stop adding too much to my schedule and focus more on my health and studies. I know that it is sometimes hard to be in school and work due to the requirements of both. Just don't forget to take time for yourself and decompress, and have you time. If you need different types of tips to help with extra stress, reach out and I can give you some suggestions. CB

Week 13(8i): Jordan, 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: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete		

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/5/2024 or 11/12/2024	Date: 11/25/2024 or 11/26/2024
Evaluation (See Simulation Rubric)	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): Cora Meyer (O), Brooke Schafer (O), Nevaeh Walton (A), Jordan Lugtig (M)

GROUP #: 3

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/5/2024 1230-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p><u>Focused observation</u></p> <p>Focused observation on safety when entering the room</p> <p>Focused observation on patient’s vital signs</p> <p>Focused observation on patient’s cough and shortness of breath and lung sounds.</p> <p>Focused observation on patient’s assessment</p> <p><u>Recognizing deviations from expected patterns</u></p> <p>Noticed BP 132/76, Spo2 of 91% on RA, HR 80, RR 20, temp 99.2</p> <p>Noticed persistent cough</p> <p>Noticed crackles on auscultation</p> <p>Noticed tissues in the bed. Noticed yellow sputum.</p> <p>Noticed reddened heels.</p> <p><u>Information seeking</u></p> <p>Confirmed name and DOB when entering the room</p> <p>sought additional information related to sputum production, consistency, etc.</p> <p>Sought information related to orientation (mental status)</p> <p>Sought information related to pain (0/10)</p> <p>Assessed allergies, confirmed name and DOB prior to med administration.</p> <p>Asked patient how she takes her medications.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B 	<p><u>Prioritizing data</u></p> <p>Prioritized vital sign assessment when entering the room</p>

<ul style="list-style-type: none"> • Making Sense of Data: E A D B 	<p>Did not prioritize oxygen administration initially. Eventually recognized need for supplemental O2 due to continued shortness of breath and low Spo2.</p> <p>Prioritized placing pillow under her heels.</p> <p><u>Making sense of data</u></p> <p>Interpreted Spo2 as being low.</p> <p>Interpreted crackles as being related to pneumonia diagnosis</p> <p>Interpreted redness as being related to pressure.</p> <p>Made sense of guaifenesin prescription for persistent cough.</p> <p>Made sense of medications to be administered, made sense of the MAR.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • 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 	<p><u>Calm, confident manner</u></p> <p>Demonstrated confidence in nursing actions and communication with patient and team member.</p> <p>Answered patient's questions appropriately.</p> <p><u>Clear communication</u></p> <p>Introduced self and role when entering the room.</p> <p>Good communication with the patient throughout assessment.</p> <p>Educated patient on medications, including proper dose.</p> <p>Educated patient on placing of oxygen tubing.</p> <p><u>Well-planned intervention/flexibility</u></p> <p>Placed pillow under the heels for redness.</p> <p>Elevated the HOB for shortness of breath and cough</p> <p>Raised the HOB for medication administration.</p> <p>Re-assessed Spo2 prior to placing oxygen tubing.</p> <p>Applied O2 eventually for Spo2 less than 93% per physician orders.</p> <p>Consider re-assessing oxygenation status and vital signs after initiating oxygen to determine effectiveness.</p> <p>Did not assess bony prominences initially. When prompted by the patient noticed redness to heels.</p> <p>Elevated heels related to redness from pressure.</p>

	<p><u>Being skillful</u></p> <p>Used BMV scanner to patient safety. 7 rights of medication administration observed.</p> <p>Raised the bed for proper body mechanics</p> <p>HEENT assessment performed accurately.</p> <p>Auscultated heart and lung sounds accurately.</p> <p>GI assessment performed accurately (looked, listened, felt). Asked about last BM. Asked about nausea/vomiting, stool characteristics.</p> <p>GU assessment performed accurately. Asked about associated symptoms.</p> <p>Assessed ROM in all extremities.</p> <p>Good integumentary assessment. Did not assess bony prominences initially. When prompted by the patient noticed redness to heels.</p> <p>Pulses assessed and compared bilaterally.</p> <p>Assessed strength of the extremities.</p> <p>Assessed for capillary refill.</p> <p>Good body mechanics by raising the bed and lowering the side rails.</p> <p>Safety assessment performed</p> <p>Consider having meds looked up in full in order to provide education related to side effects.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low SpO2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</p> <p>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. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.</p>

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: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. 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.

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. 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.

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

Student Name: Jordan Lugtig

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U:Unsatisfactory	Lab Skills										
	Week 1 (4)*	Week 2 (2,3,5,8)*	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: 8/28/2024	Date: 9/5/24	Date: 9/10/2024	Date: 9/17/2024 9/19/2024	Date: 9/24/2024	Date: 10/1/2024	Date: 10/8/2024 & 10/10/2024	Date: 10/15/24	Date: 10/22/2024	Date: 10/29/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	NS	AR	BL	AR	FB	NS/CB	SA	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

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 134/78, and you identified it as 132/78, which was within the range for a satisfactory result. The second measurement was set at 108/64 and you interpreted it as 104/62, well within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You required one prompt during the whole checkoff related to verifying the patient's name and date of birth with their wristband when entering the room. You provided accurate detail in your communication with the "patient". Your documentation was 100% accurate. 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):

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 1 prompt related to inspecting facial symmetry (smile, eye brow lift). You demonstrated friendly, professional, and informative communication. Great job!

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 a great job! Please review the physical reassessment within the next two weeks so you can examine areas that were inaccurate.

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: _____