EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jennifer Collins

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 12/2/2024

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: Chandra Barnes, MSN, RN

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective

1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).									NA	S	S	NA	S	NA	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S	NA	S	NA	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S	S	NA	S	NA	NA	S
		NS				BL	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
Clinical Location; Patient age**		Meditech Orientation				No Clinical	3T 76yr old	NA	NA	4N 87 yr old Female	4N 83 yr old Male	NA	4N 87 yr old Female	NA	NA	

Comments

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

Week 7(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 9(1a,b,c,d) – Jen, 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 10(1c,d) – Jen, great job this week valuing your patient's preferences while providing patient centered care. 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	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Use correct technique for vital sign measurement (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	~~S~~ NA	NA	NA	S	S	NA	S	NA	NA	**S**
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	S	NA	S	NA	NA	**S**
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	S	NA	S	NA	NA	**S**
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	~~S~~ 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	S	S	NA	S	NA	NA	**S**
		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 7(2a,b): Jen, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I changed competency “2c” to a “NA” because you did not perform a safety assessment during this clinical. 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 with that problem. Competency 2f was changed to a "NA" because your patient need not have an NG tube. 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): Jen, 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: a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	~~S~~ NA	NA	NA	S	S	NA	S	NA	NA	**S**
c. Use appropriate medical terminology in verbal and written communication (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
e. Communicate effectively with patients and families (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	CB

Comments

Week 7(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

I followed up with the patient’s nurse after doing my assessment. While the nurse was administering the patient’s morning meds, and I had told her my findings and had asked questions about what I found and the type of meds that he was on.

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

Week 10(3e): Jen, 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 12(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: a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Document the patient response to nursing care provided (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	NA	S	S	S	NA	S	NA	NA	**S**
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	S	S	NA	S	NA	NA	**S**
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	S	NA	S	NA	NA	**S**
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
*Week 2 –Meditech		NS				BL	CB	**CB**	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 7(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. Remember to only document your assessment findings. 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) or (Doenges et al., 2022). 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	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	S	S	NA	NA	NA	NA	**S**
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
e. Organize time providing patient care efficiently and safely (Responding).						NA	NI	NA	NI	S	S	NA	S	NA	NA	**S**
f. Manages hygiene needs of assigned patient (Responding).									NA	S	S	NA	S	NA	NA	**S**
g. Demonstrate appropriate skill with wound care (Responding).									NA		S	NA	S	NA	NA	**S**
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	S	NA	S							**S**
		NS				BL	CB	**CB**	**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.**

5h: Found fire extinguisher and pull station near Room# 3010 and the emergency exit staircase. CB

Week 7(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 this week maintaining the foley catheter for your patient ensuring all criteria was met to reduce the chance of CAUTI. CB

Week 10(5a,d,g): 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! Jen, you were able to change the mepilex dressing to your patient's sacrum with the bedside RN, good job! CB

Week 12(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	U	S	NA	S	NA	S	**S**
		NS							CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 9(6a): Jen, you did not self-rate yourself for this competency, therefore you receive a "U". 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 10 (9a): I apologize that I missed this part of my clinical tool. I will review all parts of the clinical tool before submitting it to you next time. Thanks for addressing this rating of a "U". 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(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

Week 14(6a): Excellent job creating a Satisfactory care map pertaining to your patient with the priority problem of impaired physical mobility. Please see the attached care map rubric below for detailed feedback! 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				S	NA	NA	**S**
b. Recognize patient drug allergies (Interpreting).									NA				S	NA	NA	**S**
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				S	NA	NA	**S**
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				S	NA	NA	**S**
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				S	NA	NA	**S**
f. Assess the patient response to PRN medications (Responding).									NA				S	NA	NA	**S**
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	S	NA	NA	**S**
*Week 11: BMV		NS							CB			CB	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

Objective

2. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: **a. Reflect on areas of strength****(Reflecting)						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						NA	NI	NA	NI	S	S	NA	S	NA	NA	**S**
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	~~S~~ NI	NA	NI	S	S	NA	S	NA	NA	**S**
g. Comply with patient's Bill of Rights (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
i. Actively engage in self-reflection. (Reflecting)						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
*		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

Week 12(7a-d, g): Jen, 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

**** 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**

10/02.2024- week 7

8a: I felt that I was overall confident in doing my vitals and head to toe assessment effectively. Outside of school, I practice doing vitals on patient at least once a shift when I work the floor. When it comes to head-to-toe assessment, I practice when I do early morning bathing with some of my patients that need help with normal ADLs. I am glad you felt confident in your assessment and vitals. Just remember not to cross over your roles as a PCT and student nurse. Student nurse roles should only be performed while on clinical with an instructor. CB

8b: I need to work on staying focused on my patients when doctors or other clinician personnel come into the room while I am caring for the patient. I admitted this after the fact and told my instructor that I did not mean to get off course. I will work on my professional behavior in the future in addition to reading and watch videos about professional behavior as a nurse. I will not be utilizing my smartwatch while at clinical. I will be transitioning to a regular wristwatch for my next clinical time. Please see my feedback below. CB

Week 7(8b,f): Competency 8b remains a "NI" because you did not give a specific plan on how you will improve your weakness. Competency 8f was changed to a "NI" because this week in clinical you did not exhibit professional behavior in two different instances. It is inappropriate to have a conversation with a doctor about yourself while in the presence of your patient or in the role of a student nurse. It is also inappropriate and unprofessional to utilize your smartwatch while in the hallway of a hospital unit. We had a discussion after clinical about both of these instances and we discussed how you need to transition from behavior you may have while working as a PCT, to that of a student nurse. Please be conscientious of this in the future. CB

Week 9: 10/16/2024

8a: I felt that I did a good job and was confident throughout my clinical experience. I was able to transition easily from introduction to vitals and into head-to-toe assessment within allotted time. I was being interrupted by housekeeping and dietary while doing my assessment and asked politely for them to give me 10 minutes to finish up with my assessment before they were to come back. This helped me stay on task and systematically in what I had to complete yet. Jen, time management is a big deal as a nurse. I am glad you felt confident in your experience this week. CB

8b: One weakness that I need to work on is learning how to use a temporal thermometer more efficiently when I can't get an oral or auxiliary temperature on a patient. I will work with the clinical instruction staff on taking temporal temps during my clinical time or make individual appointments in the next 2 weeks to be taught how to use and take the temps more effectively. Jen, this is a great thing to know how to perform, considering your patient thermometer was not working and it was our only option. You have a great plan in place. CB

Week 10: 10/23 & 10/24/2024

8a: This week I felt confident in doing my assessment, vitals, communication with nurse, wound care, and assessing nutrition values that patient would be to improve on to recover from his hip surgery. With my patient being on a renal diet, we tried something that he had not had in a while and evaluated to see how he tolerates it. I keep encouraging him that he was doing a great job in taking nutritional foods in and improving his appetite. I also encouraged him to move and grasp objects with his good arm, hand, and leg to help restore mobility since he has been bedbound for the past 12 hours after surgery. Due to the patient having recent hip surgery and the wound on his sacrum, I recommend that we look at possible getting patient up to a chair today. This will help relieve the pressure on the wound area plus help recover efforts in repositioning. I am glad you felt confident in different areas of this clinical experience. Please make sure that you are finding different strengths for each week. CB

8b: I failed at mentioning to patient about doing some hygiene care after doing my full assessment. Even if I did rinse his mouth and suction, I should have mentioned that I could do more in helping him brush his teeth and getting a bath then, but we had a lot of consults coming in and out at the time and waited until patient family came in

later. I will develop a set routine as to when to do my vitals, assessments, and personal hygiene needs so that I can stay on task and time for future clinical days. Jen, this is a great plan to stay on track and to ensure that all your patient care is completed in a timely manner. CB

Week 12: 11/6-11/7/2024
8a: This week I felt that I asked more questions about certain things that I felt were abnormal, for example the mucoid discharge that my patient was passing in her stool. I have never seen anything like this in all my time as a PCT. Destiny was gracious to answer and explain what I was seeing and told me that this was normal for this type of infection that the patient was experiencing. Jen, asking questions is great to learn things you may not know or understand. Even as a nurse for years, you will learn something new every day, and researching or asking is a great way to learn the information. CB

8b. When it came to doing medication administration, I felt that I was nervous and excited all at once about the whole process. However, as I took my time and remembered the process that we were taught in BMV lab, we started to gain more confidence. I plan on practicing the medication administration process 5 times outside of clinical time by practicing the process with a mentor nurse on my floor in downtime from patients. I will accomplish this by next semester. Jen, the more experience you have with medication administration, the more confident you will become. Remember that when you are in the PCT role, you are not to be doing anything that you are able to do as a student nurse. There are resources for medication administration in the book and ATI for your use. CB

Final comment: Jen, you did an excellent job this semester! You came to each clinical prepared and ready to take on any patient assigned to you. You have grown over the weeks with your confidence and knowledge of not only the environment of the hospital and clinical setting, but also your patients and their needs. Every single one of your patient's were pleased with the care you provided and the time that you spent with them. You did not get the opportunity to perform NG care, so please seek this opportunity out in your MSN semester. Great job, and I am excited to see your growth continue! 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
11/18/2024	Impaired Physical Mobility	*S/CB	*NA

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: Jennifer Collins				**Course Objective:**	Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)		
Date or Clinical Week: 11/18/2024							
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)**	3	Great job providing specific abnormal patient data including assessment findings and diagnostic/lab findings. You listed appropriate risk factors for your patient.
	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	
	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)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job listing nursing priorities. The only suggestion I would have is to include risk for aspiration and risk for surgical site infection. You did a great job highlighting abnormal findings that correlated with your top nursing priority of impaired physical mobility. Potential complications were listed and you were able to also list signs and symptoms related to each of them, excellent job! The only suggestion I have is instead of using "skin breakdown" use pressure injury/ulcer.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	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**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	You did a great job listing realistic interventions that were related to your patient. You provided a rationale for each intervention that was pertinent to your patient, but not all interventions had a frequency, therefore points were deducted. Also, points were deducted due to interventions such as
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	implementing fall precautions, applying scd's, assessing LOC and musculoskeletal system, and administering pain medications not being included.
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	Jen, when completing the evaluation portion of the care map, you need to include specific data, not goals. For example, you have Hbg 8.8, so evaluation would be a Hbg level, not labs will be better by discharge. Another example is pain 5/10, evaluation would be a # on the 0/10 pain scale. Great job including to continue the plan of care for your patient.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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 both in-text citation and reference are not 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: **Jen, overall, excellent job on your first nursing care map. You were very detailed and thorough on this clinical assignment. Always remember when completing an assignment with guidelines and a rubric, have them both available to reference. CB**

Total Points:
41/45

Faculty/Teaching Assistant Initials:
CB

Simulation Evaluations

Simulation Evaluation 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	S
Faculty Initials	CB	CB
Remediation: Date/Evaluation/Initials	NA	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): Rylee Bollenbacher (A), Jennifer Collins (O), Morgan Leber (M), Seth Linder (O)
GROUP #: 6
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/12/2024 0800-0900

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *					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 81, RR 20, B/P 130/74. SpO2 of 91% RA. Did not notice low SpO2 (91%) as abnormal (discussed in debriefing). Noticed B/P 130/74, asked patient what was normal for them. Pain assessment performed. Noticed cough. Asked patient about sputum, consistency, and color. Recognized lung sounds as normal (discussed in debriefing-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. Remember to ask about allergies. Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects. Noticed tissues in patient's bed. Noticed yellow sputum in the tissues.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2,4,6,7) *					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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
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
• 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	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. Reassessed respiratory status after oxygen applied. Good body mechanics by raising the bed and lowering the side rails. Communicated am medications with patient. Education provided to patient on medication and side effects. Utilized BMV scanner for medication administration.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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 seven 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!
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	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. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. 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.

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) *	Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. 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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. 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.**

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Seth Linder (A), Jennifer Collins (M), Rylee Bollenbacher (O), Morgan Leber (O)
GROUP #: 6
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/26/2024 0800-0900

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *					**Focused observation** Focused observation on pain Focused observation on patient's vital signs Focused observation on respiratory status due to shortness of breath Focused observation on patient's cough **Recognizing deviations** Noticed BP 138/80, HR 88, RR 18, temp 99.5., Spo2 88% on RA Noticed patient's pain when entering the room. Noticed cough, yellow sputum/tissues Noticed adventitious lung sounds. Noticed reddened heels. Noticed history of smoking. **Information seeking** Confirmed name and DOB when entering the room and prior to medication administration. Compared with wrist band. Sought information on how patient is feeling when entering the room. Sought information on mental status/orientation Sought information on sputum production Sought information on pain (7/10, radiating pain, duration, location, looked at the site, aggravating factors). Remember to assess allergies prior to medication administration.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2,4,6,7) *					**Prioritizing Data** Prioritized asking patient about pain. Prioritized focused pain assessment. Prioritized focused respiratory assessment. Prioritized vital signs. Prioritized oxygen administration. Prioritized interventions for oxygenation. Prioritized pain medication administration quickly. Prioritized smoking cessation education. **Making Sense of Data** Made sense of adventitious lung sounds related to pneumonia. Identified rhonchi, set as crackles. Made sense of reddened heels. Made sense of provider orders to maintain Spo2 >93%. Med nurse prioritized pain medication administration due to increased pain. Prioritized interventions for oxygenation. Made sense of dosage calculation for morphine administration. Prioritized smoking cessation education.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	

RESPONDING: (1,2,3,4,5,6,7) *

• 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				

Calm, Confident Manner

Introduced self and role when entering the room.
Med nurse introduced self and role when entering the room.
Managed the situation well. Did not show signs of stress/anxiety. Kept patient informed. Worked well as a team.

Clear Communication

Introduced self and role when entering the room.
Med nurse introduced self and role when entering the room.
Good teamwork and communication to prioritize care and complete interventions in a timely manner.
Good communication with the patient regarding interventions to be performed.
Educated on splinting with a pillow when coughing. Pillow provided.
Education provided on the use of incentive spirometry.
Good communication among team members to verify correct dosage to be administered.
Educated patient about route of medication administration, could ask preferred injection location.
Educated on splinting with a pillow when coughing. Pillow provided.

Well-Planned Intervention/Flexibility

Applied O2 via nasal cannula at 2L for Spo2 of 88% on RA. Elevated HOB.
Performed full focused pain assessment due to complaints. Performed focused respiratory assessment.
Elevated HOB for cough/SOB
Educated on side effects of morphine administration (BP, dizziness, respirations).
Implemented safety precautions.
Returned to perform full assessment after prioritizing the problem.
Re-assessed pain after medication administration. Sought further information related to pain (5/10). Re-assessed vital signs.
Considered nicotine patch during smoking cessation.
education.
Educated on smoking cessation. Educated on fluid intake for sputum.

Being Skillful

Used BMV scanner for patient safety.
Safety checks performed for medication administration.
Correct needle size selected for IM injection.
Remember to aspirate prior to injecting medication to assess for potential blood return (alters route of administration).
Good needle safety.
Dosage calculation performed accurately. Excess dose waste witnessed. Good teamwork and collaboration. 4mg to be administered.

REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Observers provided good insight on med safety and communication amongst team members and with the patient. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.
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) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. **Satisfactory completion of NF simulation #2**

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

Student Name: Jennifer Collins

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:** 9/5/2024	**Date:** 9/10/2024	**Date:** 9/17,19/ 2024	**Date:** 9/24/2024	**Date:** 10/1/2024	**Date:** **10/8/24 & 10/10/24**	**Date:** 10/14/2024	**Date:** 10/22/2024	**Date:** 10/29/2024
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**U**	**S**	**S**	**S**
Faculty Initials	HS	HS	AR	AR	AR	AR	HS	NS/CB	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	10/8/24 S NS	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):

Excellent 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 160/74 and you identified it as 160/76. The second measurement was set at 130/64 and you interpreted it as 132/62. Great job! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did require one prompt related to orthostatic vital signs; you will take the blood pressure in both arms while patient is supine, then will utilize the arm with the highest systolic (you stated lowest systolic). You seemed uncertain of the entire orthostatic vital signs process; therefore, I suggest you review this frequently prior to clinical experiences. You provided accurate detail in your communication with the "patient". Your Meditech documentation was accurate and complete. Keep up the great work!! AR

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):

You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. You were able to remind yourself of several areas: assess patient smile, correct area to assess tricuspid heart valve/sound, and to auscultate posterior lung sounds. Your approach was thorough, although you additionally auscultated the "bladder" and stated you were listening for "whooshing" sounds which is not an appropriate assessment. You did require 2 prompts related to assessing lower extremities for edema and capillary refill. You

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:

This semester was a great experience. I will take all comments and recommendations that were expressed and build as a student nurse with these in mind.

Student eSignature & Date: _Jennifer Collins 12/02/2024_____