

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

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

Student:

Final Grade: **Satisfactory**

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)
11/9/2024	1 Hr.	Late submission of simulation survey	11/10/2024
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	NA	NA	NA	NA	S	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	NA	NA	S	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S	NA	S	NA	S	NA	S
						CB	NS	CB	CB	FB	FB	SA	FB	FB	FB	FB
						NA	3T, 55 F	NA	NA	3T, 55 F		3T, 67 M		3T, 64 F, 70 M		

Clinical Location:
Patient age**

Comments

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

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

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

Week 11 (1d)- Excellent job recognizing your patient's priority of oxygenation and their history of risk factors. SA

Week 13 (1c)- Great job being respectful of patient's values and wishes while coordinating care for your patient during this clinical rotation. FB

* End-of-Program Student Learning Outcomes

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

Objective

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

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

Comments

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

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

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

Week 11 (2a,e,g)- You did a great job with your assessment on your patient and identifying the diminished lung sounds, weak pedal pulses, and edema. Great job observing the patient's nutritional intake as this can be confusing when it changes! With your hands-on assessment and identification of their history that could be risk factors, this was a great way to rationalize the patient's areas of need. SA

Week 13 (2a,c,d)- You did a great job performing appropriate assessments. You provided pertinent information from assessments, labs, and diagnostic testing to determine a priority problem for your assigned patient. Associated interventions were implemented that were relevant to the priority problem based off of information gathered. (2g) Great job interpreting the lab data and diagnostic procedures that provides substantial information for the priority problem. Keep up the good work! FB

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

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

Objective

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

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

Comments

Week 7 3(a) – You were able to gain experience this week in obtaining hand-off report from the off going shift. This can be an overwhelming experience the first time as a lot of the information presented is complex and beyond your understanding as a Foundations student. However, this experience will be beneficial moving forward as you learn the important aspects of SBAR. Great job! NS

Week 7 3(e,f) – You were able to effectively communicate with a live patient for the first time as a student nurse. Through communication, you developed a rapport with your patient to learn more about her. You participated as an accountable member of the healthcare team by performing important assessments and documenting your care timely and accurately to ensure all providers were on the same page. NS

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

Week 11 (3e)- Excellent job communicating with your patient this week. As you found out not all patients are friendly right away and can take some time warming up. You did a great job focusing on your duties and tending to them! SA

Week 13 (3d,e)- You have demonstrated the ability to respond appropriately to any changes that may occur with your assigned patient. Reporting changes from assessments, vital signs, or symptoms has been prompt and to the appropriate reporting structure. You have also displayed the ability to communicate appropriately with patients and their families. Great Job! FB

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

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

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

Comments

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

Week 7 4(c,f) – This competency was changed to “S” because you were able to show beginning skill in navigating the EHR and accessing medication information related to vital signs and assessment. You were also able to participate in the EHR scavenger hunt to familiarize yourself with the electronic chart. NS

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

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

Week 11 (4c)- Great job this week with your assessment and documentation. I am changing your NI's to an S as you utilized the EHR as well as other resources to learn about your patient's condition and the TEE procedure. You also gave good education to the patient during your assessment and why you were performing each task. Even when it is not pertaining to their condition, it is still education much like you explaining to your patient the reason you auscultate heart and lung sounds in several areas! Your CDG was well written with APA formatting as well as your peer response. SA

Week 13 (4a,b)- You are progressively showing improvement with documentation. Documentation has been thorough and accurate with minimal editing required. (4c) You have displayed the ability to access the electronic health record and gather all relevant information. (4f) Your initial CDG post was within the guidelines provided within the CDG rubric, nice job! FB

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

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

Objective

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

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

Comments

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

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

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

Week 11 (5a,d)- Again nice job with your assessment and communicating your assessment process to your patient. The patient tried to correct you but you were correct in explaining the proper process of your assessment and educating why to them. You did a great job assessing your patient's ability to independently perform hygiene and ambulate safely with their goals to use assisted devices in mind. SA

Week 13 (5 d,e)- You have demonstrated great management of care for your assigned patient making sure all pertinent interventions were completed. You organize your time appropriately to provide safe, efficient care to ensure positive patient outcomes. (5f)- Try to encourage hygiene care to patients, this is very important to not only make the patient feel better, but also for infection control. FB

* End-of-Program Student Learning Outcomes

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

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

Comments

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

Week 11 (6a)- Great job providing care to the patient identifying the goals the patient has to use an assisted device in order to ambulate independently. SA

Week 13 (6a)- Great job using clinical judgment and critical thinking with the administration of medication during this clinical orientation. FB

Week 14/makeup (6a)- Your nursing care map was completed satisfactorily, receiving a 45 out of 45 points. See feedback in care map rubric attached below. FB

* End-of-Program Student Learning Outcomes

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

Objective

6. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				NA	S	NA	S
b. Recognize patient drug allergies (Interpreting).									NA				NA	S	NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				NA	S	NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NA	S	NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				NA	S	NA	S
f. Assess the patient response to PRN medications (Responding).									NA				NA	S	NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			NA S	NA	S	NA	S
*Week 11: BMV									CB			SA	FB	FB	FB	FB

Comments

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

Week 13 (7a)-Great job identifying the action, classification, rationale, and side effects of each medication administered during this clinical rotation. (7c,d)-You demonstrated the use of the seven rights of medication administration and correctly administered oral medications to your assigned patient. (7g) You demonstrated appropriate use of the barcode medication verification system for patient identification and administration of medications was saved. Keep up the great work! FB

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

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

Objective

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

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

**** Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

* End-of-Program Student Learning Outcomes

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

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

Week 9:

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

Week 11:

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

One of my biggest weaknesses at this clinical was patient communication. I had quite the grumpy patient, and learning how to appropriately respond to my patient after certain comments was very new to me. All my previous patients have been very joyous despite their condition, meanwhile this patient was a tad annoyed. With the help of Stacia, I was able to learn certain communication interventions to make my interactions with people like this easier and more efficient. Due to his grumpiness, he wasn't as open to sharing information about how he was feeling, etc. I think I eventually got on his good side, but having a patient be dissatisfied with someone who was trying to care for them was new to me. Next clinical, I can practice these interventions Stacia taught me, such as giving the patient appropriate compliments. **Maddie you did great in keeping your composure and professionalism intact. Recognizing ways to connect with your patient is what makes a great nurse. You continued to interact with your patient and was successful in achieving them to respond. Think about the debriefing session we had where we discussed communicating with the patient on how we can help them better so that they will help us as well. Great job this week! SA**

Week 13:

- A) I feel like my strength this week was going out of my comfort zone. I was able to provide important and needed education to my patient, and I was willing to try new things. I reapplied EKG patches and hooked up my patient, even though I was quite nervous. I was also able to help wrap an IV port to keep it dry during my patient's shower. I was able to get my head-to-toe done in a timely manner so I was able to be given these opportunities, which was a struggle a few clinicals ago. **You have demonstrated a lot of growth in knowledge and applying the knowledge gained in the classroom to the care of patients at the bedside. Keep up the great work. FB**
- B) My biggest weakness with this clinical was not knowing where certain supplies were on the unit. I spent a lot of time running around and grabbing things, when I could have been more a help answering call lights. Next time, I can ask someone for help or familiarize myself more with the unit. So, instead of being lost, I can use my time to build useful clinical experiences and skills. **Never be afraid to ask questions! FB**

Final- Congratulations, you have satisfactorily completed the clinical component of the Nursing Foundations course. You demonstrated great growth with communication, discussion of rationale for various patient data, navigation in the electronic medical record, clinical judgment (noticing, interpreting responding, reflecting), and professionalism/ACE. You are an accountable member of the healthcare team and able to work independently or with a team. You are efficient and organized during delivery of patient care. It was a pleasure working with you on clinical, and I look forward to working with you in some of your future clinicals. Keep up the great work! FB

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/18/2024	Impaired Skin Integrity	*S/FB	*NA/FB

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: Madison Wright		Course Objective: 6. 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 identifying all abnormal assessment findings, lab/diagnostic tests, and risk factors for this assigned patient. Noticing abnormal information assists in a systematic and comprehensive process to determine the priority problem for a patient. The information gathered was both objective and subjective.
	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	Great job analyzing the data to determine the priority problem. The goal statement was generalized and provided as a positive statement. The potential complications were appropriate with the signs and symptoms to monitor.
	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	3	Good job providing several interventions that were prioritized and appropriate for the priority problem identified. A additional intervention that would be important to initiate for this patient would be: Monitor lab values to identify problems that might affect maintaining
	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	3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	skin integrity at an optimal level.
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	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	3	A rationale was provided for each of the interventions listed.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All highlighted reassessment findings were reflected upon and evaluated for the nursing priority problem, you will want to list all findings specifically as state in the noticing/recognizing cues boxes. The plan of care is to be continued as stated.
	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	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: Excellent job for your first care plan, please review comments provided above. Satisfactory completion. Keep up the great work. FB

Total Points: 45/45

Faculty/Teaching Assistant Initials: FB

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

<u>Simulation Evaluation</u>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 11/5/2024 or 11/12/2024
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	FB	FB
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): Marilyn Miller (A), Leah Shelley (M), Brittany Rodisel (O), Madison Wright (O)

GROUP #: 4

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/5/2024 1330-1430

CLINICAL JUDGMENT COMPONENTS	<u>Observation Notes</u>
NOTICING: (1,2,4,6,7) *	<u>Focused observation</u>
• Focused Observation: E A D B	Focused observation on vital signs when entering the room
• Recognizing Deviations from	Focused observation and shortness of breath.
Expected Patterns: E A D B	Focused observation on patient's cough.
• Information Seeking: E A D B	Focused observation on patient's head-to-toe assessment
	Focused observation on patient's heels when prompted by the patient stating discomfort.
	<u>Recognizing deviations from expected patterns</u>
	Noticed patient's cough.
	Noticed temp of 99.2, BP 130/74, Spo2 of 90%, HR 80, RR 20
	Noticed tissues in the bed, noticed yellow sputum production
	Noticed crackles upon auscultation
	Did not notice order to maintain oxygen >93% initially.
	Did not notice reddened heels initially. When patient complained of soreness, redness was noticed.
	<u>Information seeking</u>
	Confirmed name and DOB with wristband.
	Sought information related to mental status (orientation questions).
	Sought information on normal blood pressure
	Sought additional information on patients cough.
	Medication nurse asked patient what she preferred to be called (name)

						Remember to assess for patient allergies prior to med administration
INTERPRETING: (1,2,4,6,7) *						<p><u>Prioritizing data</u></p> <p>Prioritized vital sign assessment when entering the room.</p> <p>Prioritized focused assessment on patient’s cough and shortness of breath</p> <p>Did not prioritize oxygen administration initially. Consider prioritizing oxygen administration earlier.</p> <p><u>Making sense of data</u></p> <p>Made sense of crackles being related to pneumonia.</p> <p>Did not make sense of symptoms related to low Spo2 initially</p> <p>Made sense of reddened heels and impaired skin integrity from pressure.</p> <p>Made sense of provider order for oxygen.</p> <p>Made sense of guaifenesin order.</p> <p>Made sense of the MAR.</p> <p>Made sense of medications to be administered (indication)</p>
RESPONDING: (1,2,3,4,5,6,7) *						<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>Great teamwork and collaboration</p> <p><u>Clear communication</u></p> <p>Introduced self and role when entering the room.</p> <p>Med nurse introduced self and role when entering the room</p> <p>Good communication with the patient throughout assessment.</p> <p>Good teamwork and communication throughout</p> <p>Good communication with the patient during medication administration.</p> <p>Educated on coughing and deep breathing, elevated the HOB for shortness of breath.</p>

- Prioritizing Data: E A D B
- Making Sense of Data: E A D B

- 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

Educated patients on medications to be administered.
Educated on avoiding grapefruit juice with atorvastatin.

Well-planned intervention/flexibility

Elevated HOB due to patient's cough and shortness of breath.
Focused assessment on patient's cough/sputum
Pillow placed under heels to offload pressure.
Educated on coughing and deep breathing, elevated the HOB for shortness of breath.
Re-assessed patient after medication administration.

Being skillful

Confirmed name and DOB prior to medication administration.
Good hand hygiene.
Good body mechanics by raising the height of the bed.
HEENT assessment performed accurately with PERRLA
Neuro assessment performed
ROM assessed in all extremities. Pulses assessed and compared bilaterally
Heart and lung sounds assessed accurately
Remember to auscultate stethoscope to skin, not over the gown.
Integumentary system assessed. Be sure to look at bony prominences such as heels, elbows, etc.
Extremity strength assessed accurately.
GI assessment performed accurately. Asked about last BM.
GU assessment performed accurately.
Observed 7 rights of medication administration.
Asked patient how she takes her medications safely.
Three medication safety checks performed.
BMV scanner used for patient safety

<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 an excellent 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>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • 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) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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. Identifies obvious patterns and deviations, missing some important information. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>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.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>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.</p> <p>Satisfactory completion of NF Scenario #1.</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Brittany Rodisel (A), Madison Wright (M), Marilyn Miller (O), Leah Shelley (O)**

GROUP #: 4

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/25/2024 1200-1300

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<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>Identified name and DOB compared to wristband when entering the room for patient safety.</p> <p>Noticed low Spo2 (91%) when obtaining vital signs.</p> <p>Noticed patient had shortness of breath. Sought additional information to when it started and what makes it worse.</p> <p>Noticed cough.</p> <p>Noticed sputum/tissues in the bed. Sought further information related to duration of cough and sputum.</p> <p>Noticed crackles upon auscultation.</p> <p>Noticed patient was in pain. Sought additional information related to pain (precipitating factors, relief measures, location). Noticed patient's pain 7/10. Sought additional information by re-evaluating the patient's breathing status after oxygen administration.</p> <p>Noticed order for morphine and need to perform dosage calculation.</p> <p>Sought information related to allergies prior to medication administration.</p> <p>Consider asking patient preference for injection location.</p> <p>Sought additional information after medication administration related to relief and comfort.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none">• Prioritizing Data: E A D B• Making Sense of Data: E A D B	<p>Prioritized vital signs when entering the room.</p> <p>Prioritized oxygenation status, made sense of SOB and physician order for oxygen at 2L NC to maintain Spo2 >93%.</p> <p>Prioritized focused respiratory assessment.</p> <p>Prioritized focused pain assessment due to patient complaint.</p> <p>Consider administering pain medications prior to continuing full assessment for patient comfort (discussed in debriefing). Team members can collaborate to administer medications then return to complete full assessment.</p> <p>Made sense of the MAR related to pain rating, need for dosage calculation to be performed, and need for witness.</p> <p>Prioritized correct PRN pain medication (morphine for pain 7/10).</p> <p>Did not make sense of MAR documentation related to morning PO medications already being administered initially, prompted by patient</p>

	(discussed in debriefing). Prioritized returning medications to the pyxis for medication safety.			
<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 <li style="padding-left: 20px;">B 	<p>Identified self and role when entering the room for communication.</p> <p>Applied oxygen via NC at 2L per physician orders due to low Spo2. Elevated HOB for shortness of breath.</p> <p>Re-evaluated patient’s breathing after applying oxygen.</p> <p>Performed pain assessment in response to patients’ pain. Consider focusing your assessment on the location of pain (look, auscultate). Consider additional interventions for pain management (reposition, splinting, etc.). (discussed in debriefing).</p> <p>Dosage calculation performed accurately to determine need to waste 1ml (2mg) of morphine. Ordered 4mg (2ml), administered 4mg (2mL). Witnessed waste of excess narcotics.</p> <p>Remember, never have a needle of any injection exposed while moving around, putting yourself and others at risk of a needlestick injury. (discussed in debriefing).</p> <p>Confirmed name and DOB prior to medication administration. Remember to ask about allergies. Properly utilized the BMV for medication administration. Educated patient on morphine ordered for pain.</p> <p>Cleaned injection site using aseptic technique. Selected appropriately sized needle for IM injection (22g, 1inch). Great job aspirating prior to injecting the medication. Good technique (90 degrees), pushed slowly. Good needle safety after injection.</p> <p>Re-assessed pain after medication was administered to determine effectiveness. Consider re-assessing vital signs. (discussed in debriefing).</p> <p>Educated on performing breathing exercises with incentive spirometry.</p> <p>Educated on splinting to help with deep breathing. (discussed in debriefing).</p> <p>Educated on smoking cessation.</p> <p>Educated on benefits of ambulation and sitting up in a chair.</p> <p>Good communication with the patient regarding plan for pain relief. Good communication among team members.</p> <p>Good communication with the patient during assessment for comfort.</p> <p>Elevated heels on pillow for redness.</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>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.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • 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) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent 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.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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.</p> <p>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.</p> <p>Satisfactory Completion of NF Simulation #2!</p>

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

Student Name: Madison Wright

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)*
	Date: 8/19/2024	Date: 8/27/2024	Date: 9/6/2024	Date: 9/11/2024	Date: 9/18/2024	Date: 9/25/2024	Date: 10/2/2024	Date: 10/7/2024 10/9/2024	Date: 10/16/2024	Date: 10/23/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	HS	AR	HS	AR	HS	HS	HS	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	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 both blood pressure results on the Vital Sim manikin for a satisfactory evaluation. The first blood pressure measurement was set at 138/70, and you identified it as 142/70, which was within the desired range. The second measurement was set at 110/82 and you interpreted it as 110/82, 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 during the check-off, which was identifying the patient. Be sure to identify the patient prior to providing care. You provided accurate detail in your communication with the "patient". Your documentation was 100% accurate. Keep up the great work!! HS

Week 4 (Assessment):

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

Week 5 (Assessment; Mobility):

Excellent job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

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: _____Madison Wright 12-2-24_____