EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nevaeh Walton

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: Stacia Atkins, BSN, 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)
11/30/24	1 Hr	Sim #2 eval late.	12/1/24 1 Hr

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	NA	S	NA	S	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S	NA	S	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	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).						S	NA	NA	S	S	NA	S	NA	S	NA	S
						CB	CB	CB	CB	HS	HS	HS	SA	SA	SA	SA
Clinical Location; Patient age**						3T Age: 79	NA	NA	NA	3T Age: 77		3T Age: 72 Age: 92		3T Age: 32		

Comments

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

Week 6(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being you able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9 (1c,d)-Your patient was very sleepy at the beginning of the shift however, you allowed her to have a say in the timing of her care being performed by allowing her to get a little more sleep prior to getting up and getting washed up. HS

Week 11 (1a,c,d) Your patient on the second day had a lot going on and you did a nice job just spending time and listening to him. It seemed at first as if he was grumpy and didn't want to be bothered but after spending some time with him he just seemed lonely. You allowed him to express his concerns and his feelings regarding his wife's recent passing. You also allowed him to have a say in the care and the timing of the care in order to allow him some control while being hospitalized.

Week 13 (1d)- Great job recognizing your patient's needs while allowing the patient to work independently as well. On the first day the patient was having some anxiety and nausea, and you did a great job by responding quickly and providing comfort interventions to help calm them. You did great in allowing the patient time to process and verbally express how she was feeling and what she needed from you as well! SA

* 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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
b. Use correct technique for vital sign measurement (Responding).						S	NA	**NA**	S	NI	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	CB	**CB**	CB	HS	HS	HS	SA	SA	SA	**SA**

Comments

Week 6(2a,b): Nevaeh, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB

-Week 9(2b): For the weak pulse in the right arm, I should have used a doppler to get a more accurate measurement. HS

Week 9 (2a,c,d)- Your patient had a lot going on this week making her assessment a bit more difficult. You were able to successfully obtain the pedal pulses with the doppler which was very challenging to do, she also had other abnormalities based on her history of stroke making her assessment a bit more difficult. HS

Week 11(2a,b,c,d) Your patient on the second day of clinical had several abnormal findings on his head to toe assessment including his weakness, and incontinence. At the beginning of the shift your patient preferred to be left alone to sleep however you were able to communicate with him in order to complete all of your assessments. You did a nice job completing a thorough head to toe, fall/safety, and skin assessment on your patient. HS

Week 13 (2a,g)- You did a great job assessing your patient this week and recognizing to watch their labs and imaging results. SA

* 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).						S	NA	**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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	NA	**NA**	NA	S	NA	S	NA	S	NA	**S**
e. Communicate effectively with patients and families (Responding).						S	NA	**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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	S
						CB	CB	**CB**	CB	HS	HS	HS	SA	SA	SA	SA

Comments

Week 6(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. CB

Week 9 (3a-f)- You did a nice job receiving report from the previous shift and updating the nurse at the end of your shift. You notified the nurse as soon as you identified that you were unable to find the pedal pulses and sought guidance from the nurse who also was unable to palpate them and instructed you to utilize the doppler to obtain the pulses. HS

Week 11(3a-f) You were able to receive report at the beginning of the shift and hand off at the end of the clinical day. You did a nice job keeping the nurse informed throughout the shift. You communicated very well with your patient after he began to gain trust in you. HS

Week 13 (3e)- Great job communicating with the patient and the family in the room. You also did a nice job locating your nurse to provide updates. You recognized that the patient was requesting medication that was not on her list and provided that information to the nurse appropriately as well. SA

* 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).						S	NA	**NA**	S	NI	NA	S	NA	S	NA	**S**
b. Document the patient response to nursing care provided (Responding).						NA	NA	**NA**	NA	S	NA	S	NA	S	NA	**S**
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	NA	NA	NA	NA	NA	NA	**S**
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	NA	S	NA	S	NA	**S**
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
*Week 2 –Meditech		CB				CB	CB	**CB**	CB	HS	HS	HS	SA	SA	SA	**SA**

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 6(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! CB

-Week 9(2a): I incorrectly documented some parts of my patient's head to toe assessment. For example, switching the information relating to the left arm with the right arm and vice versa. Your patient had several abnormal assessment findings this week. Be sure to take your time and double check your work prior to submitting. Utilize your intervention list for documentation to ensure you have documented all of the necessary information within the chart. With each experience of charting the head to toe assessment if will become more familiar and easier. HS
(2f)- Nice job on your CDG initial post and response this week, you met all of the requirements within the rubric. You stated your patients priority problem was weakness, it sounds like impaired mobility was a big concern for this patient as well based on all of the factors you discussed within your post. Nice job putting all of those items together. HS

Week 11(4a,b,c) You were able to successfully document your head to toe assessment, vital signs and the care you provided to the patient with minimal reminders for corrections. You were able to review the chart to obtain additional information on your patients history and current plan of treatment.
(4f) You satisfactorily met the requirements for both the initial and peer CDG response. HS

Week 13 (4c,e,f)- Great job this week locating all of your medications that you were able to provide to your patient. You appropriately utilized Skyscape and provided information to the patient correctly. Excellent job on your discussion this week and discussing all relevant information required for the medications administered. SA

* 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).						NI	NA	**NA**	NI	S	NA	S	NA	S	NA	**S**
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	**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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
f. Manages hygiene needs of assigned patient (Responding).									NA	S	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).						S	NA	**NA**	S							**S**
						CB	**CB**	**CB**	**CB**	**HS**	**HS**	**HS**	**SA**	**SA**	**SA**	**SA**

Comments

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

h. Extinguishers: Next to the stairs by room 3027/Pull stations: Next to the conference room CB

a. I should have raised the bed during the head-to-toe assessment to demonstrate correct body mechanics CB

Week 6(5b): You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9 (5d,e,f)- You did a nice job this week working through new situations with your patient. You were able to manage your time in order to provide all of the necessary care for your patient. When it was time for the bag bath you sought additional help from another student because your patient had many limitations making the bath more challenging, and you have limited experience in providing this care. Good job! HS

Week 11(5d,e,f) You did a nice job organizing your care during the clinical day. During the second day you were very busy and you were able to streamline the interventions and perform them in a timely manner. You were able to perform a bladder scan for the first time, nice job. You were also able to assist the patient in using his urinal at the bedside and performing peri-care. HS

Week 13 (5e)- Great job this week organizing your time with assessment, documentation, and adding into all that the medication information needed for administration. Your documentation was completed on time and had plenty of time to research your medications. SA

* 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	HS	HS	HS	SA	SA	SA	**SA**

Comments

Week 9 (6a)- You did a nice job utilizing clinical judgement skills based on your patient's priority problem and then identifying interventions specific to the patient and developing the plan of care. HS

Week 11(6a) Excellent job utilizing your clinical judgment skills to care for your patient this week. You assured the plan of care fit your patient's needs and preferences. You will continue to grow these skills as you progress through the semester and program. HS

Week 13 (6a)- Great job utilizing clinical judgement while providing care to your patient during this clinical rotation. SA

Week 14 (6a)- Excellent job on your Care Map on your patient with Ineffective Breathing Pattern. SA

* 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, intra-muscular, 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			HS	SA	SA	SA	**SA**

Comments

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

Week 13 (7a)- Excellent job providing the correct information on all of the medications you administered to your patient. You followed all of the correct rights and handled the medication appropriately as well. SA

* 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)						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
b. **Reflect on areas for self-growth with a plan for improvement. **** (Reflecting)						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						S	NA	**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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	**NA**	S	S	NA	S	NA	S	~~NA~~ U	**S**
g. Comply with patient's Bill of Rights (Responding).						S	NA	**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).						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
i. Actively engage in self-reflection. (Reflecting)						S	NA	**NA**	S	S	NA	S	NA	S	NA	**S**
*						CB	CB	**CB**	CB	HS	HS	HS	SA	SA	SA	**SA**

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

Week 6 a. An area of strength would be good communication with patient CB
Week 6 b. One area of weakness is consistently finding and counting radial and pedal pulses correctly. I had a difficult time at first with palpating the patient's pulse. I will practice finding and counting the pulses(both radial and pedal) of all my family members this week. Nevaeh, you have a great plan in place to ensure that you are properly palpating pulses and to help build your confidence. Performing a head to toe assessment will become easier with more time and experience. CB
Week 6(8d,f,h): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. CB
Week 9 a. An area of strength would be being able to work together with another student nurse to provide care. Teamwork is essential in the healthcare profession. HS
Week 9 b. An area of weakness would be my confidence in performing physical assessments and what to prioritize during assessments. To improve this I would practice doing assessments on all my family members focusing on different systems. That is a great plan and completing a head to toe assessment will continue to get easier with more experience. HS
Week 11 a. An area of strength would be able to manage time effectively. HS
Week 11 b. An area of weakness would be lack of confidence in clinical reasoning. To improve this I will look at multiple case studies during the week to promote more critical thinking. You will also continue to gain confidence on this with more experience and knowledge in the upcoming semesters and clinical experiences. HS
Week 13a. An area of strength would be ensuring patient safety. SA
Week 13 b. An area of weakness would be lack of confidence in educating patients about medications. To improve this I will look into the classifications and indications of some medications over the week. You did great with your first administration. Nerves are expected, but you have a great plan in place to prepare for future administrations! SA
Week 13 (8i)- I am glad you had a great first experience with your first med pass. Great job! SA

Final Comment - It has been great to see your growth and progress this semester. Keep up the great work, you're on the path to becoming an exceptional nurse! A "U" on Week 14 was given unfortunately due to the tool being submitted after 10pm. 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. Please respond to this area and submit your tool. Great job this semester, I look forward to seeing you in MSN! SA

Week 14 f. Because I turned my tool in late, I exhibited unprofessional behavior and showed a lack of responsibility. Moving forward I will better prioritize my time management and set earlier personal deadlines to ensure my assignments are submitted on time.

* 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	Ineffective Breathing Pattern	*SA	*N/A

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**

Student Name: Nevaeh Walton

Date or Clinical Week: 11/18/2024

Course Objective: 6

	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	Appropriately listed 8 abnormal assessment findings.
	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)**	1	Only listed two abnormal lab/diagnostic tests, and did not place rationale for only having two. Chest x-ray was negative so this would be considered a "normal" finding.
	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	Appropriately listed 5 risk factors.
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Correctly listed nursing priorities with highlighting top priority.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	Completed an appropriate goal statement.
	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	Correctly highlighted all relevant data.
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	Listed three appropriate potential complications, including the signs and symptoms for each correctly.
	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	All interventions listed are appropriate to the patient, prioritized, have correct frequency, and are realistic. Great job!
	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	

	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	Listed rationales for all interventions correctly.
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 findings were correctly highlighted. Completed an evaluation statement correctly. Used in text citations and reference.
	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: Great job on the Nursing Foundations Care Map. Could have reviewed further into patient's diagnostic or lab results for more abnormal findings. Overall, priority, interventions, and evaluations were listed appropriate to this patient. Great work! SA

Total Points:

43 Satisfactory

Faculty/Teaching Assistant Initials:

SA

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2024
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	**Date: 11/25/2024**
Evaluation (See Simulation Rubric)	S	U
Faculty Initials	SA	SA
Remediation: Date/Evaluation/Initials	NA	12/1/24/S/SA

* Course Objectives

11/30/24 Simulation Evaluation late. Remediation complete on 12/1/24. SA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cora Meyer (O), Brooke Schafer (O), Nevaeh Walton (A), Jordan Lugtig (M)
GROUP #: 3
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/5/2024 1230-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Focused observation** Focused observation on safety when entering the room Focused observation on patient's vital signs Focused observation on patient's cough and shortness of breath and lung sounds. Focused observation on patient's assessment **Recognizing deviations from expected patterns** Noticed BP 132/76, Spo2 of 91% on RA, HR 80, RR 20, temp 99.2 Noticed persistent cough Noticed crackles on auscultation Noticed tissues in the bed. Noticed yellow sputum. Noticed reddened heels. **Information seeking** Confirmed name and DOB when entering the room sought additional information related to sputum production, consistency, etc. Sought information related to orientation (mental status) Sought information related to pain (0/10) Assessed allergies, confirmed name and DOB prior to med administration. Asked patient how she takes her medications.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B	**Prioritizing data** Prioritized vital sign assessment when entering the room

• Making Sense of Data: E A D B	Did not prioritize oxygen administration initially. Eventually recognized need for supplemental O2 due to continued shortness of breath and low Spo2. Prioritized placing pillow under her heels. **Making sense of data** Interpreted Spo2 as being low. Interpreted crackles as being related to pneumonia diagnosis Interpreted redness as being related to pressure. Made sense of guaifenesin prescription for persistent cough. Made sense of medications to be administered, made sense of the MAR.
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** Demonstrated confidence in nursing actions and communication with patient and team member. Answered patient's questions appropriately. **Clear communication** Introduced self and role when entering the room. Good communication with the patient throughout assessment. Educated patient on medications, including proper dose. Educated patient on placing of oxygen tubing. **Well-planned intervention/flexibility** Placed pillow under the heels for redness. Elevated the HOB for shortness of breath and cough Raised the HOB for medication administration. Re-assessed Spo2 prior to placing oxygen tubing. Applied O2 eventually for Spo2 less than 93% per physician orders. Consider re-assessing oxygenation status and vital signs after initiating oxygen to determine effectiveness. Did not assess bony prominences initially. When prompted by the patient noticed redness to heels. Elevated heels related to redness from pressure.

	Being skillful Used BMV scanner to patient safety. 7 rights of medication administration observed. Raised the bed for proper body mechanics HEENT assessment performed accurately. Auscultated heart and lung sounds accurately. GI assessment performed accurately (looked, listened, felt). Asked about last BM. Asked about nausea/vomiting, stool characteristics. GU assessment performed accurately. Asked about associated symptoms. Assessed ROM in all extremities. Good integumentary assessment. Did not assess bony prominences initially. When prompted by the patient noticed redness to heels. Pulses assessed and compared bilaterally. Assessed strength of the extremities. Assessed for capillary refill. Good body mechanics by raising the bed and lowering the side rails. Safety assessment performed Consider having meds looked up in full in order to provide education related to side effects.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers. 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.

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cora Meyer (M), Brooke Schafer (A), Nevaeh Walton (O), Jordan Lugtig (O)
GROUP #: 3
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/25/2024 1000-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *	Identified patient with name and DOB and compared to wristband for patient safety.
• Focused Observation: E A D B	Noticed low Spo2 (91%) when obtaining vital signs.
• Recognizing Deviations from Expected Patterns: E A D B	Noticed patient had a cough.
• Information Seeking: E A D B	Noticed patient was in pain after coughing and moaning. Sought additional information related to pain (rating, location). Noticed patient's pain 7/10.
	Noticed crackles upon auscultation.
	Noticed order for PRN breathing treatments.
	Noticed PRN medications for pain. Noticed need for dosage calculation based on physician order.
	Remember to seek information related to allergies prior to medication administration (discussed in debriefing).
	Consider asking patient preference for injection location.
	Sought additional information after medication administration related to relief and comfort.
INTERPRETING: (1,2,4,6,7) *	Prioritized vital signs when entering the room.
• Prioritizing Data: E A D B	Prioritized applying oxygen and made sense of physician orders to maintain Spo2 >93%. Applied oxygen but did not hook it up correctly, until prompted by patient and decreased SpO2 of 88% (discussed in debriefing).
• Making Sense of Data: E A D B	Prioritized focused pain assessment due to patient complaint.
	Prioritized focused respiratory assessment related to pain on the right side and shortness of breath.
	Made sense of the MAR related to pain rating and need for dosage calculation to be performed, along with witness for wasting of medication.

	Prioritized correct PRN pain medication (morphine for pain 7/10). 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. Did not make sense of MAR documentation related to morning PO medications already being administered initially, prompted by patient (discussed in debriefing). Prioritized returning medications to the pyxis for medication safety.
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	Identified self and role when entering the room for communication. Applied oxygen via NC at 2L per physician orders due to low Spo2. Elevated HOB for shortness of breath. Offered fluids due to increase coughing. Performed pain assessment in response to patients' pain (rating, location). Consider focusing your assessment on the location of pain (look, auscultate). Consider additional interventions for pain management (reposition, splinting, etc.). (discussed in debriefing). Dosage calculation performed accurately to determine need to waste 1ml (2mg) of morphine. Ordered 4mg (2ml), administered 4mg (2mL). Witnessed waste of excess narcotics. Confirmed name and DOB prior to medication administration. Appropriately utilized the BMV for medication administration. Educated patient on morphine ordered for pain. Cleaned injection site using aseptic technique. Remember to aspirate prior to injection. Good technique (90 degrees), pushed slowly. Good needle safety. Selected appropriately sized needle for IM injection (22g, 1inch). Splinting a pillow while coughing to patient mentioned, no further detail given (discussed in debriefing). No education provided related to incentive spirometer, coughing and deep breathing, effectiveness of ambulation and being up in chair, or smoking cessation (discussed in debriefing).
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: 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

• Commitment to Improvement: E A D B	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: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: 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. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: 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!**

Skills Lab Competency Tool

Student Name: Nevaeh Walton

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:** 8/26/2024	**Date:** **9/4/24**	**Date:** 9/4/2024	**Date:** **9/16/2024**	**Date:** 9/23/2024	**Date:** 9/30/2024	**Date:** 10/7/2024	**Date:** **10/14/2024**	**Date:** 10/21/2024	**Date:** 10/29/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	NS	AR	CB	AR	FB	FB	CB	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. HS

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

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

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

Week 3 (Vital Signs):

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 108/66, and you identified it as 108/62, which was within the range for a satisfactory result. The second measurement was set at 146/80 and you interpreted it as 148/80, within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, great work! You provided accurate detail in your communication with the "patient". Overall your documentation looked very good. One area of note was the time the vital signs were obtained. The instructions stated that the vital signs were obtained at 0715, but were documented as being obtained at 1534. If you need a reminder on how to change the time in an intervention don't hesitate to reach out. Be sure to pay close attention to all details when documenting. This will improve with continued practice in the lab. Keep up the great work!! NS

Week 4 (Assessment):

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

Week 5 (Assessment; Mobility):

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

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 inaccurate and 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.

- **Pain**- Documentation was accurate and complete.
- **Vital signs**- Documentation was accurate and complete.
- **Safety**- Documentation was accurate and complete.
- **Physical reassessment**- HEENT (eye)- Omitted- "conjunctiva red, clear drainage"; (nose)- omitted "no complaints, no discharge". Cardiovascular (edema)- omitted left upper extremity, "non-pitting, puffy". Neurological (pupils)- omitted left pupil findings "brisk, 2mm, unequal". Integumentary (wounds)- omitted "none".

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

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:

I was given both the opportunity to review my final clinical ratings and the opportunity to ask questions about my clinical performance.

Student eSignature & Date: Nevaeh Walton 12-3-2024