EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Patricia Stevens

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; **Amy Rockwell,** MSN, RN;
Chandra Barnes, MSN, RN; **Nick Simonovich,** MSN, RN
Heather Schwerer, MSN, RN; **Brittany Lombardi,** MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

Skills Lab Checklists	Faculty Feedback
Care Map Grading Rubric	Documentation
Administration of Medications	Clinical Reflection
Simulation Scenarios	
Skills Demonstration	

ABSENCE (Refer to Attendance Policy)

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

Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric

Faculty/Teaching Assistant'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).										NI						
b. Identify cultural factors that influence healthcare (Noticing).										NI						
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							N/A	S	S	S						
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							N/A	S	S	S						
Faculty/TA Initials		NS					CB	SA	SA							
Clinical Location; Patient age		Meditech Orientation					N/A	3T, 88 YO	NA							

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting
Document your clinical location and patient age in the designated box above.
Comments:

Week 8(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being able to recognize physiological needs of your patient when performing head to toe assessment. SA

Week 9: I gave myself an NI for Identify spiritual needs of patient and Identify cultural factors that influence healthcare because I did not address these. I will be more cognizant about asking the patient about these important aspects of a patient's life and try not to forget them.

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

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

Comments: I had trouble obtaining dorsal pedal pulses and anterior tibial pulses bilaterally. I will work on family members as much as possible to hone my skill. I also missed asking pt about urinary habits, which are important and I will do this from now on.

Week 8(2a,b): Patty, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I changed your "NI" to a "S", as you had a good first day. Pedal pulses can be hard to assess for when just starting your clinical rotations. Thank you for documenting how you will improve! Great job! SA

Week 9: I gave myself an NI for skin risk assessment because I feel I did not institute appropriate precautions. Although I did document a bruise on the patient's right lateral side that was not noted before.

Week 9: I gave myself an NI for Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient because I did not have time to look it up.

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).							N/A	~~NI~~ S	S	S						
b. Hand off (report) pertinent, current information to the next provider of care (Responding).										NI						
c. Use appropriate medical terminology in verbal and written communication (Responding).							N/A	**S**	S	S						
d. Report promptly and accurately any change in the status of the patient (Responding).							N/A	**N/A**	NA	S						
e. Communicate effectively with patients and families (Responding).							N/A	**S**	S	S						

f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							N/A	**S**	S	S						
		NS						CB	**SA**	SA						

* End-of-Program Student Learning Outcomes

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

Comments: I need to get better at taking report. I know it will get easier and I will get better at it as time goes by.

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting all findings, and communicating effectively with your staff RN. I changed your "NI" to a "S" as you did fine taking report with the nurses as best you could! You can always access your patient's chart for more information so do not get discouraged if you do not hear everything during hand off. SA

Week 9: I gave myself an NI for handoff report because I did not hand the nurse a paper with my report . I did give her a verbal report but I don't remember if I told her about the bruise I found I patient's right side. I learned my lesson about this and I will be more cognizant in the future. Although I did document it.

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).							N/A	~~NI~~ S	S	S						
b. Document the patient response to nursing care provided (Responding).							N/A	~~NI~~ S	S	S						
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					N/A	~~NI~~ S	S	NI						
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S	NI						
e. Provide basic patient education with accurate electronic documentation (Responding).										S						

f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	**S**	S (red)	S						
Week 2 –Meditech Orientation **Faculty/TA Initials**		NS				CB	**SA**	SA							

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Comments: I needed a little help getting into the computer in the room and in the computer lab at the hospital. Also, I did not ask pt about the nursing care provided, but she did thank me. I am getting much better at navigating the computer. Both getting into it and documenting. But I know I have a little more work to do and I will continue to work on it and be proficient at it before the semester ends.

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/BL

Week 8(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. Your documentation on everything was great, we expect not all information to not be completed when documenting the head to toe, those were also changed to "S". You completed your first cdg, meeting all requirements per the grading rubric, excellent job! SA

Week 9: I gave myself an NI for accessing medical information of assigned patient in Electronic Medical Record because I took a long time documenting as I am still trying to become proficient with Meditech.

Week 9: I gave myself an NI for Demonstrating beginning skill in accessing patient education material on intranet as I took a long time to document as I am still trying to become proficient with the computer system.
For both of these I know that when I am able to use the computer system more efficiently. I know I am getting better each time I use the system.

Objective

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

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

* End-of-Program Student Learning Outcomes

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

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

Comments: The fire extinguisher was between rooms 3035 and 3036. The fire pull station is in the 3rd floor nursing station behind the nurses near the threshold of the doctor's documentation room. **Thank you ! SA**

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. SA

Week 9: I gave myself an NI for Organizing my time providing patient care efficiently and safely. I know that I use the computer system as my reasons a lot, but I truly feel that the computer system is my biggest roadblock. But again, it is getting better, and I will continue to get better navigating Meditech.

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).										NI						
Faculty/TA Initials		NS							SA							

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Comments: Week 9: I gave myself an NI for Utilize clinical judgment skills to develop a patient-centered plan of care even though I did use clinical judgement skills I didn't utilize them to develop a patient-centered plan of care. I will use this information to, at least, begin a patient-centered plan of care.

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).																
b. Recognize patient drug allergies (Interpreting).																

c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).														
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).														
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).														
f. Assess the patient response to PRN medications (Responding).														
g. Demonstrate medication administration documentation appropriately using BMV (Responding).														
*Week 11: BMV Faculty/TA Initials		NS						SA						

* End-of-Program Student Learning Outcomes

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

Comments:

Objective

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

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

* End-of-Program Student Learning Outcomes

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

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

Comments: First of all, I do take responsibility for not getting the competency on time and it will be on time from now on.

But I clearly had problems, as you can see, I had submitted 4 of them in total and the last one (which I thought was correct) was on time. I worked about 1.5-2 hours to get the problem worked out. So, I have to say I am a little disappointed to see that even though I

put my best foot forward it was not taken into consideration. Thank you for letting me air my grievance. Also, I want to you to know that I do appreciate you. SA

Week 7(8f): Patty, this competency was changed to an "U" due to the correct clinical tool being submitted after the due date and time. Please be sure to address the "U" when completing your clinical tool for week 8. I am going to copy the directions from page 1 of the clinical tool: *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.* CB

Week 8(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. You are receiving "U's" for objectives 8 a&b due to not providing your strengths and weaknesses for week 8 clinical. ***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.* SA**

Although I didn't do the Reflecting on areas of strength in the past I will never forget to do this with every Clinical Tool from here on out. I have learned my lesson.

So this week (9) my areas of strength are the fact that I am getting better with the computer system every day. Also, I found the bruise that was not documented before. The patient told me it had been there "Since I fell against the wall". He fell at home. Another strength is that I have good rapport with patients and it appears that they are comfortable with me.

Week 9: An area of self-growth is I need to be able to find dorsal pedal pulses on my own. I will keep practicing them with my family as often as I can.

Another area of self-growth is the computer. I understand this has been my nemesis, but I feel I am conquering it. The computer no longer gives me anxiety and that is a big deal for me. I will continue to work at it. Another is that I need to be more cognizant to hand-off a paper copy to the patient's nurse and also tell them verbally any changes my patient may have as soon as I find something. I did tell her about his irregular pulse but I can't recall if I told her about the bruise I found on his right side.

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/17/2025 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 11/24/2025 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:				**Course**
Date or Clinical Week:				**Objective:**

Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	Complete			Not complete		

Reference
An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if 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:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2025
Simulation Evaluations

Student Name:					
Performance Codes: S: Satisfactory **U**: Unsatisfactory			**Evaluation** *(Refer to LCJR)*	**Faculty Initials**	**Remediation** **Date/Evaluation/Initials**
Date: **11/4/25** **or** **11/11/25**	Simulation #1 (2,3,5,8) *	Scenario			
		Survey			
Date: **11/24/25** **or** **11/25/25**	Simulation #2 (2,3,5,7,8) *	Scenario			
		Survey			

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

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: _____