

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Nursing Foundations – 2025**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**Teaching Assistant:** Stacia Atkins, BSN, RN

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
<b>Faculty/Teaching Assistant’s Name</b>			<b>Initials</b>
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.**

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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
<b>Competencies:</b>																
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).							S	NA	S	S						
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S						
<b>Faculty/TA Initials</b>		NS					BL	CB	CB							
<b>Clinical Location; Patient age**</b>		Meditech Orientation					3T; 90 years	NA	N/A	4N; 70 years						

\* 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 7-1(c,d) Great job this week showing respect for your patient's individual preferences, values, and needs while providing care. In your CDG, you did a nice job identifying your patient's abnormal assessment findings and priority concerns. This demonstrates the early development of clinical judgment, which is essential for safe and effective nursing practice. As a reminder, be sure to document your clinical location and patient age in the designated box above for all clinical experiences moving forward. BL

**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
<b>Competencies:</b>																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).							S	NA	S	S						
b. Use correct technique for vital sign measurement (Responding).							S	NA	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).										S						
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).										S						
<b>Faculty/TA Initials</b>		NS					BL	CB	CB							

\* End-of-Program Student Learning Outcomes NA

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

**Comments:**

Week 7-2(a,b) Great job this week using correct techniques for measuring vital signs and completing a systematic head to toe assessment on your assigned patient. Your assessment was thorough and completed in a timely manner. BL

**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
<b>Competencies:</b>							S	NA	S	S						
a. Receive report at beginning of shift from assigned nurse (Noticing).									S							
b. Hand off (report) pertinent, current information to the next provider of care (Responding).										S						
c. Use appropriate medical terminology in verbal and written communication (Responding).							S	NA	S	NI						
d. Report promptly and accurately any change in the status of the patient (Responding).							S	NA	S	S						
e. Communicate effectively with patients and families (Responding).							S	NA	S	S						
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							S	NA	S	S						
		NS					BL	CB	CB							

**Faculty/TA Initials**

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 7-3(e) Excellent job communicating with your patient during clinical this week. You also did a great job reflecting on and discussing your communication in your CDG as well. BL

**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
<b>Competencies:</b>									S							
a. Document vital signs and head to toe assessment according to policy (Responding).							S	NA	S							
b. Document the patient response to nursing care provided (Responding).							S	NA	S							
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	NA	S							
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).										NI						
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S NI	NA	NI	S						
<b>*Week 2 –Meditech Orientation</b>		NS					BL	CB	CB							

**Faculty/TA Initials**

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 2- 4(c,d) Great job listening attentively and actively participating in the Meditech orientation clinical. You demonstrated beginning competence in accessing a patient’s EHR, documenting care in an intervention, and locating patient data. You were able to access Lexicomp and locate patient education materials, as well as find nursing policies and procedures on the health system intranet. Great job! NS/CB/BL

Week 7-4(a) Excellent job with your documentation this week in clinical. Your documentation for both your vital signs and head to toe assessment were thorough and accurate. As discussed in clinical, a friendly reminder that for any body system that is found to be normal based on the defined parameters in Meditech, you do not need to document any further information. You can select “yes” for normal, and then move on to the next system. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. You provided a nice description of how you utilized the patient’s vital signs data to look for trends and identify any changes. 4(f) Although you did an excellent job with your initial CDG post and reply to a peer, you did not include both an in-text citation or a reference for your reply to a peer. Remember, **both** your initial post and reply to a peer must include an in-text citation and a reference per the CDG grading rubric. If you have any questions or need further assistance, please do not hesitate to ask. BL

**PULL STATION**

- By conference rm on 3T
- By rm 3027 by the exit stairway
- Pull by rm 3021
- Across from rm 3020

**FIRE EXTINGUISHER**

- By rm 3027 by the exit stairway
- Between rm 3018 and 3019

Great job! BL

<b>Objective</b>																
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
<b>Competencies:</b>																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							NI	NA	NI	NI						
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	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).							S	NA	S	S						
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	S						
f. Manages hygiene needs of assigned patient (Responding).										S						
g. Demonstrate appropriate skill with wound care (Responding).																
<b>h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).</b>							S	NA	S							
<b>Faculty/TA Initials</b>		NS					BL	CB	CB							

\* 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:**

Week 7-5(a) Great job obtaining vital signs and performing a head to toe assessment on an actual patient this week. It's completely normal to feel nervous the first time performing skills in a clinical setting. It's great that you recognized the need to remember to raise the bed next time to protect your back and maintain proper body mechanics. BL

Week 9(5a&h): I keep forgetting to raise the bed while doing vitals and my head-to-toe assessment; that being why I am still marking NI for (a). (h) I forgot to look for fire extinguishers and pull stations, but I will get those next clinical.

**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
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).										S						
<b>Faculty/TA Initials</b>		NS							CB							

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

**Comments:**

**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
<b>Competencies:</b>																
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, intramuscular, 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).																
<b>*Week 11: BMV</b>																
<b>Faculty/TA Initials</b>		NS							CB							

\* 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
<b>Competencies:</b>							S	NA	U	S						
a. Reflect on areas of strength** (Reflecting)							S	NA	U	S						
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							S	NA	S	S						
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S							
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							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	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S							
g. Comply with patient's Bill of Rights (Responding).							S	NA	S							
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							S	NA	S							
i. Actively engage in self-reflection. (Reflecting)							S	NA	S							
<b>Faculty/TA Initials</b>		NS					BL	CB	CB							

\* End-of-Program Student Learning Outcomes

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

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

**Comments:**

I forgot to check the capillary refill in both hands and feet. I will go through and practice several times at home on my family to ensure I don't forget again. I feel that I was able to communicate effectively with my patient and make good conversation with her. **Great job taking time to reflect on an area of improvement for future clinical**

experiences. Self-awareness is an important part of learning. It's completely normal to miss small things early on. As you gain more experience and spend more time at the bedside, you'll continue to grow in both confidence and competence. Keep up all your hard work! BL

Week 7-8(a) This competency was changed to unsatisfactory for this week because you did not provide a written response for your strength. Remember, each week you have clinical, you must provide a written example for both a strength and area in need of self-growth. Please be sure to address this "U" on your Week 8 clinical tool according to the guidelines outlined on page 2 of this document. Should you have any questions or need assistance, please do not hesitate to reach out. 8(i) You did a wonderful job reflecting on your first clinical experience in your CDG this week. You provided a nice description of your thoughts and feelings before and after the experience. Keep up all your great work! BL

Week 8(8a): Kaylee, this competency will remain an "U" until you address how you will correct the "U." Please read Brittany's feedback above from week 7. CB

Week 9(8a&b): I found that a strength of mine this week was good communication with the patient and nurse. Something I can improve on for this week is time management and being able to assess and/or shorten conversations with talkative patients. In the future, this will prevent me from seeing all my patients in a timely manner. I will improve this by studying transition statements that can speed up the conversation while gearing it towards the assessment.

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 Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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)		
<b>Interpreting</b>	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)		
<b>Responding</b>	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	> 75% complete	50-75% complete	< 50% complete	0% complete		

	included for each intervention						
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

**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

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