

**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)
8/20/25	0.5H	Skills lab orientation	8/21/25 0.5H
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).										S	S					
b. Identify cultural factors that influence healthcare (Noticing).										S	S					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							NA	S	S	S	S					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							NA	S	S	S	S					
Faculty/TA Initials		NS					CB	CB	CB	CB						
Clinical Location; Patient age**		Meditech Orientation					N/A	3T, 65 y.o.	N/A	4N, 70 y.o.						

* 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 you able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9(1c): Great job this week coordinating care around your patient's needs and preferences. CB

Objective

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

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 8(2a,b): Great job this week performing your first head to toe assessment on a real patient. You performed a systematic head to toe and retrieved all vital signs within a timely manner. CB

Week 9(2a,b,c,g): Great job completing your head to toe assessment and obtaining vital signs on your patient. You did a good job ensuring safety, completing the John Hopkins Fall Risk Assessment, and you were able to describe the factors that related to that score in your CDG. You were also able to discuss a priority problem for your patient and lab and diagnostic findings that may correlate to that diagnosis. CB

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

Faculty/TA Initials

* End-of-Program Student Learning Outcomes

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

Comments:

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 abnormal findings, and communicating effectively with your staff RN. CB

Week 9(3b,e): Great job with handing off pertinent information related to your patient before the end of the clinical day. You did a great job communicating with the bedside nurse, patient, and peers. CB

Objective

3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:									S							
a. Document vital signs and head to toe assessment according to policy (Responding).							NA	S	S	S						
b. Document the patient response to nursing care provided (Responding).							NA	S	S	S						
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					NA	S	S	S						
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S	S						
e. Provide basic patient education with accurate electronic documentation (Responding).										S	S					
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							NA	S	S	S						
*Week 2 –Meditech Orientation		NS					CB	CB	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(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 HER, 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. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! Remember whenever you reference the book, you need an intext citation each time. CB

Week 9(4e,f): You did a good job this week with documentation of your findings while obtaining vital signs and a head to toe assessment on your patient. Your CDG was satisfactory completing all requirements per the CDG grading rubric. CB

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

Fire extinguisher and pull station - A fire extinguisher on 3T is located to the left of the nurses station and there is a pull station inside and outside of the door on the left when entering the floor. **Thank you! CB**
 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. **CB**
 Week 9(5c,d,f): Great job managing basic patient care needs and providing hygiene needs for your patient. Competency 5c was changed to "S" because you were able to

Objective																
2. 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).										S	S					
Faculty/TA Initials		NS							CB	CB						

maintain your patient's external catheter during clinical. **CB**

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

Comments:

Week 9(6a): You did a great job using clinical judgement skills this week in clinical. You knew that your patient's priority problem related to the knee injury. You were able to correlate diagnostic findings and labs, to implement interventions related to the problem. **CB**

Objective

5. 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, 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).																
*Week 11: BMV																
Faculty/TA Initials		NS							CB							

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

Comments:

Objective

3. 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)							U	S U	U	S	S					
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							U	S U	U	S	S					
c. Incorporate instructor feedback for improvement and growth (Reflecting).							U	S	S	S	S					
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							U	S	S	S	S					
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).							U	S	S	S	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							U	S	S	S	S					
g. Comply with patient's Bill of Rights (Responding).							U	S	S	S	S					
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							U	S	S	S	S					
i. Actively engage in self-reflection. (Reflecting)							U	S	S	S	S					
Faculty/TA Initials		NS					CB	CB	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:

Week 7(8a-i): Alyssa, you did not self-rate yourself for these competencies, therefore you receive a "U". Please be sure to address this competency next week when completing your tool. The following are directions from page 1 of the tool: *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. CB

I will fix this next time by scrolling all the way down on this clinical tool to complete self-rating for every objective. Thank you for addressing the “U” ratings. CB

Week 8(8a,b,d,f,h,i): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. Great job reflecting on your first clinical in your cdg, keep up all of your hard work! Competency 8a and 8b were changed to a “U” because you did not comment on your strength and weakness from your clinical experience. Please address both of these competencies when completing your tool for week 9. CB

I received a U for not commenting on a strength and weakness for my clinical experience. I will fix this for week 8 and complete it fully for week 9. Thank you. CB

Week 9: My strength for week 9 clinical experience was communication with my patient. A weakness I believe I need to improve on is time management for my Head-to-Toe assessment. I struggled with completing it in a timely manner and I will work on improving that moving forward by becoming confident on every aspect so that I do not miss anything and have to go back and complete it. Communication is a good thing to have with a patient, it not only strengthens the nurse patient relationship, it also helps you determine changes that may be going on. Time management with your head to toe assessments will get better with the more experience you have. Keep practicing while not at clinical and your confidence in practice will continue to grow. CB

Week 10: My strength for week 10 clinical experience was being able to identify trends and abnormalities within my assessment. A weakness I believe I need to improve on is becoming more confident when entering my patient’s room while they are asleep. I will keep working on it and within time, my confidence will strengthen.

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
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: <ul style="list-style-type: none"> • 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.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	<p>Total Points:</p>
	<p>Faculty/Teaching Assistant Initials:</p>

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

Student Name:					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation <small>*(Refer to LCJR)</small>	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: _____