

**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)
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).										NA	S					
b. Identify cultural factors that influence healthcare (Noticing).										NA	S					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	N/A	S	S	S					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	N/A	S	S	S					
Faculty/TA Initials		NS					FB	CB	CB	NS						
Clinical Location; Patient age**		Meditech Orientation					3T- 74 y/o F	N/A	N/A	4N- 84 y/o F	4N 80 y/o M & 72y/o F					

* 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 (1c,d)- Great job being respectful of the needs of your assigned patient during this clinical experience. Fluid volume status was the priority problem for your assigned patient this week, as well as electrolyte imbalances. You did a great job assessing their needs following Maslow hierarchy of needs. FB

Week 9 1(c,d) – You did well this week coordinating your care effectively based on your patient's preferences, values, and needs. You were able to balance performing important nursing assessments and care while also allowing her time to rest, visit with family members, and work with therapy. You ensured that she was involved with her plan of care and communicated effectively to promote comfort. (d) you utilized Maslow's as a guiding framework to determine priority needs for your patient. You first

addressed her physiological needs through physical assessment and vital sign measurement. You also addressed her physiological needs related to nutrition by promoting safe intake with her underlying dysphagia. You were able to intermittently supervise her intake of breakfast, ensuring aspiration was not occurring. You noted her increased appetite and the importance of nutrition related to her outcomes. Lastly you addressed her self-esteem by assisting with personal hygiene and promoting independence as tolerated. Well done! NS

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	N/A	S	S						
b. Use correct technique for vital sign measurement (Responding).							S	N/A	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	S					
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										S	S					
Faculty/TA Initials		NS					FB	CB	CB	NS						

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7 (2a,b)- Great job performing a comprehensive head to toe assessment on your patient. You did a great job assessing and recognizing any differences. Your vital signs and pain assessments were also completed thoroughly and documented in a timely manner. FB

Week 9 2(a) – Good work with your head-to-toe assessment this week. With each experience you will continue to gain more comfort in identifying normal vs. abnormal. This week you were able to note numerous deviations from normal. You noticed abnormalities in her HEENT assessment, noting visual impairment due to her glasses being left at home, which can pose safety risks when ambulating in the hospital. You also noticed cardiovascular abnormalities, including non-pitting, puffy edema in her bilateral feet and the use of telemetry monitoring as a result of her admitting diagnosis of bradycardia. You also noticed existing dysphagia with improvement following initiation of a modified diet. Nice job! NS

Week 9 2(b) – Vital signs were obtained and accurately communicated in the patient’s electronic health record. You noticed normal vital sign measurements and improvement in her heart rate from admission. NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 16 indicating a high fall risk. You did well to explain the factors that led to the score and described nursing measures that were implemented to promote safety. Good job recognizing that fall precautions were not in place. You responded by implementing the necessary precautions and discussing the potential implications of not ensuring these measures were in place. Nice job promoting safety for your patient! NS

Week 9 2(g) – Good work reviewing your patient’s HER, identifying labs/diagnostics related to your patient’s admission. You were able to review and discuss the modified barium swallow study performed by the speech therapist, and interpreted the findings accurately. You were able to make sense of the modified diet that was prescribed based on the diagnostic results. Well done! NS

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	S					
a. Receive report at beginning of shift from assigned nurse (Noticing).							S	N/A	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).							S	N/A	S	S						
d. Report promptly and accurately any change in the status of the patient (Responding).							S	N/A	S	S						
e. Communicate effectively with patients and families (Responding).							S	N/A	S	S						
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							S	N/A	S	S						
		NS					FB	CB	CB	NS						

Faculty/TA Initials

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7 (3a,c,e)- You did a great job receiving report which can be challenging in the beginning. Try to familiarize yourself with the report sheet and don't be afraid to ask for clarification or restatement of something that you might have missed. You did a great job communicating with your patient during this clinical experience. FB

Week 9 3(a) – Although the initial hand-off report was thrown off due to the nightshift nurse staying over, you were able to remain composed and gathered essential data by looking through her chart. Hopefully next week you will be able to receive a normal hand-off report! NS

Week 9 3(e,f) – You did well this week communicating with your patient, her family members, the healthcare team, and your peers. You were actively involved in your patient's care. This allowed you the opportunity to witness therapy working with your patient to better understand her full plan of care and goals. In doing so, you were an accountable member of the health care team, ensuring positive outcomes for your patient. I appreciated you including your classmate when performing hygiene care on your patient, allowing both of you to learn from the experience. NS

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).							S	N/A	S	S						
b. Document the patient response to nursing care provided (Responding).							S	N/A	S	S						
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	N/A	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).							S	N/A	S NI	S						
*Week 2 –Meditech Orientation		NS					FB	CB	CB	NS						

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 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 7 (4a,f)- You did a great job documenting the head to toe assessment, vital signs, and pain assessment with minimal corrections required. You did a great job with your CDG posts, following all rubric requirements. Keep up the great work! FB

Week 9 4(a,b,c) – Overall your documentation looked good with a few minor suggestions that we talked about. You were timely with your documentation and ensured the results were communicated effectively to the rest of the health care team. You did not fall behind on your documentation and follow up with your patients' findings as needed. I appreciate you taking the time to read through the EMR, identifying various lab and diagnostic results. You were also able to review the speech therapists' findings and recommendations. NS

Week 9 4(f) – As far as responding to the question prompts this week, I thought you did a really nice job demonstrating clinical judgment and understanding of the patient's situation. I appreciated the details provided that will help your fellow classmates learn from the experience. Refer to my comments back to your initial post and response post for more details. Unfortunately, I had to change this competency to "NI" due to your response post to Lauren not having an in-text citation included. You did include the reference, but did not provide a citation for which information came from your reference. Your initial post was spot on, including all requirements from the CDG rubric. Moving forward, be sure to include an in-text citation and reference for both posts. If you have any questions or need clarification just let me know! NS

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:									S							
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							S	N/A	S	S						
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	N/A	S	S						
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										N/A	N/A					
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	N/A	S	S						
e. Organize time providing patient care efficiently and safely (Responding).							S	N/A	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).							S	N/A	S							
Faculty/TA Initials		NS					FB	CB	CB	NS						

* 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 (5h)-1 Fire pull station is located behind the 3T UC desk, and one fire extinguisher is located in between rooms 3018 & 3019.

Week 7 (5d,e)- You did a great job managing care required for this clinical rotation. You were efficient, managed time well completing assessments, vital signs, and pain assessment on time and safely. FB

Week 9 4(d,e) – You demonstrated confidence and competence in your nursing care throughout the day. You had strong time management skills, ensuring that her assessments and nursing care were performed in a timely manner. This allowed you to communicate your findings quickly and efficiently. It also allowed you the opportunity to assist her with eating, observe therapy work with her patients, and observed medication administration with the bedside nurse. Well done! NS

Week 9 4(f) – You were able to gain experience this week assisting your patient with personal hygiene needs. You promoted independence while also assisting her as needed. You also gained experience changing linens and documenting the care appropriately. Nice work! NS

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).										S	S					
Faculty/TA Initials		NS							CB	NS						

* End-of-Program Student Learning Outcomes

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

Comments:

Week 9 6(a) – As I have discussed throughout my comments on your clinical tool and in your CDG post, you demonstrated good clinical judgement skills throughout the day. You developed a plan of care that was patient-centered based on her needs. You correctly identified her nutritional imbalance as a priority nursing problem related to her identified dysphagia and significant weight loss. NS

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, 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	NS						

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

* 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)- Area of strength- I was really confident going into the patient's room it was very easy for me to have conversations with the patient. I was able to easily take her vitals without missing anything which I think is a strength that comes with my MA experience. *You did a great job with communication, I agree have some medical*

experience does assist with some of the uneasiness that can be felt by someone with no medical experience. It is also very nice that you show support for your fellow students. Thank you and keep up the great work! FB

(8b)- As an area of weakness I would say that I will practice my head to toe assessment more to make it flow more easily on an actual patient. Doing a head to toe assessment on a patient is harder than on a mannequin because the mannequin doesn't talk back to you. I struggled with staying focused on the step by step process of the head to toe assessment while keeping a flowing conversation with the patient. I will work harder next time to stay on task by practicing my head to toe assessment more at home before the next clinicals. *That's a good plan, it is harder on a real patient because they ask questions or there can be interruptions. Try to think of the assessment in sections that might make it a little easier to stay on track.* FB

Week 8(8a-i): Jessica, 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 -Responding to week eight I just totally missed this whole page of self rating. I wasn't rushed or anything. I just didn't scroll down far enough. I guess. Moving forward I will double check that everything is filled out before submitting my clinical tool, so that this mistake doesn't happen again. **Thank you! NS**

Week 9- As an area of strength I think that I picked up on my head to toe assessment I was able to stay more focused and on track not missing any steps. It was also easier I feel like because the computer was right there in the room, so if you forgot to ask something, you could still ask it while you were there. I stay with the fact that my communication skills with the patient is a strength. I am very comfortable, talking to patients and explaining processes of what we are doing, and not getting nervous around walking into a patient room. *Excellent strengths to note! You definitely seem comfortable with patient interactions, which is something a lot of people have to overcome. You were confident in your approach which helps puts patients at ease. Great job improving on your assessment and turning your weakness from your previous experience into a strength!* NS

An area of weakness I would say is that when my patient needed a bag bath... It was hard for me to remember the exact process of steps, because we went over that a few weeks ago in lab. Moving forward, I will go back and touch up on the steps for the back bath and watch the videos from either ATI, or the videos that we took in class. *Good reflection on an area for improvement! You will get more comfortable with this with more experience and it will all become second nature. I think you have a strong plan in place for improvement moving forward. Keep up the hard work!* NS

Week 10- Wow was this week fun! Let me start by saying I got to take out an NG tube, AND help with wound care and those were really fun skills to be apart of, it feels really good to be putting to practice what we are learning. As an area of strength I would say my willingness to learn new things, where as somethings may be a little nerve-racking I am excited to learn those things even if they may not be the most glamorous skills I am ready to take on what is thrown at me and learn every piece of Nursing the good bad and the ugly.

As an area of weakness I think it is working on slowing down when doing the online work associated with clinicals... twice since starting clinicals I have messed up and once not self rated and last week forgot an intext citation. I know that the actually physical part of going to clinicals is fun, but I have to remember that it isn't just about that we also have to do the discussions properly and the Clinical tool as well. I know coming up we have our Care Map due so I will plan out scheduled times to work on my care map so I make sure it is done correctly. I have recently found a nice little coffee shop that gets me out of my house to study which I think helps because it feels more like designated study time when I leave my house specifically to study.

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.

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 <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: _____