

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

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

Student: Alejandro Baez
Satisfactory/Unsatisfactory

Final Grade:

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)
10/16/2025	5H	Forgot stethoscope	10/16/25
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	NA					
b. Identify cultural factors that influence healthcare (Noticing).										S	NA					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	NA					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S	NA					
Faculty/TA Initials							FB	CB	CB	BL	BL					
Clinical Location; Patient age**							3N, 86 years old	NA	NA	3T, 76 years old						

* 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. Safety of your patient was a priority for this patient related to an altered mental status and you did a great job assessing his needs following Maslow hierarchy of needs. FB

Week 9-1(c,d) You demonstrated excellent care this week by thoughtfully respecting your patient's individual preferences, values, and needs. Additionally, your CDG effectively identified the patient's priority problem, supported by thorough analysis of assessment findings and laboratory results. BL

Objective																
2. 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	Wee k 1	Wee k 2	Wee k 3	Wee k 4	Wee k 5	Wee k 6	Wee k 7	Wee k 8	Mid-Ter m	Wee k 9	Wee k 10	Wee k 11	Wee k 12	Wee k 13	Wee k 14 Mak e-Up	Final
Competencies:																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).							S	NA	S	S	NA					
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	NA					
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	NA					
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	NA					
e. Collect the nutritional data of assigned patient (Noticing).										S	NA					
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	NA					
							FB	CB	CB	BL	BL					

Faculty/TA Initials

* 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 were also completed thoroughly and documented in a timely manner. FB

Week 9-2(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. 2(c) Great job completing a fall and safety assessment this week and implementing appropriate precautions for your patient. In your CDG, you did well identifying the risk factors that contributed to the patient's fall risk score and pointing out safety concerns in the patient's room. Your efforts to prevent falls show good attention to patient safety. Keep up the great work! BL

Objective

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 9-3(a,c,e)- Receiving report can be challenging in the beginning, but with more experience this will get better for you. 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. Medical terminology will also improve with experience, again do not be afraid to ask for clarification, especially if an abbreviation is reported and you are unfamiliar of the meaning. You did a great job communicating with your patient that did present with a little bit of confusion or comprehensive concerns. FB

Week 9-3(b) This competency was marked as unsatisfactory ("U") for this week because you did not self-rate. Remember, you must provide a self-rating for all competencies in white. Please be sure to address this "U" on your Week 10 Clinical Evaluation Tool according to the guidelines outlined on page 2 of this document. Should you have any questions, please do not hesitate to reach out. 3(e,f) Great job this week communicating with your patient and other members of the health care team. BL

Week 10: I received a “U” because I failed to self-evaluate. I need to be more thorough in checking over my tool to make sure my work is complete. BL

Objective

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

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 (4f)- This competency was changed to a “U” because you did not provide a reference on your initial CDG post. You also did not respond to one of your peers in a substantive manner. Make sure you are following the CDG rubric provided in Edvance 360 under resources. FB

Week 8(4f): Alejandro, you did not address the “U” rating you received in week 7, therefore the rating in this competency will remain an “U” until it is addressed. Please read the instructions on page 1 and reach out for help if needed. CB

Week 9: I have received Us because of my lack of discussion group participation. I need to fix this by giving myself more time to get my work done, as well as be aware of the due dates. I will make sure to keep up better with my work. I have changed my rating to S now that I have responded to the discussion group this week. I am also giving myself an NI for finding patient education information because I did not go to look for it in the EMR.

Week 9-4(a,b) Excellent job this week with your documentation. Your documentation was accurate, and completed in a timely manner. 4(c) You did an excellent job thoroughly reviewing your patient’s electronic health record (EHR) to gather information that enhanced your understanding of the patient’s overall plan of care. 4(f) Satisfactory completion of your CDG this week. Great job! BL

Week 10: I rated myself a “U” because I failed to respond to a classmate on time. I need to improve my scheduling and make school the priority, even during weekends. 4(f) You did not have clinical in Week 10; therefore, you are not required to participate in the clinical discussion group. BL

Objective																
5. 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).							S	NA	S	S	NA					
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	S	S	NA					
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										NA	NA					
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	S	U	NA				
e. Organize time providing patient care efficiently and safely (Responding).							NI	NA	NI	S	NA					
f. Manages hygiene needs of assigned patient (Responding).										S	NA					
g. Demonstrate appropriate skill with wound care (Responding).											NA					

h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							S	NA	S							
Faculty/TA Initials							FB	CB	CB	BL	BL					

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 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)-Outside room 3010 extinguisher and pull station

Week 9-5(a,f) Great job managing your patient’s hygiene needs this week, as well as utilizing proper body mechanics when providing patient care. 5(d) This competency was marked as unsatisfactory (“U”) for this week because you arrived unprepared for the clinical experience without your stethoscope. As a result, you needed to borrow one in order to safely assess and care for your patient. Please remember that being fully prepared with the required equipment is an important part of professional responsibility and patient safety—use this as a learning opportunity to plan ahead and come ready for success in future clinicals. Be sure to address this “U” on your Clinical Evaluation Tool for Week 10 according to the guidelines outlined on page 2 of this document. If you have any questions, please do not hesitate to ask. BL

Week 10: I have received a “U” because I forgot my stethoscope for clinical. I must be prepared before leaving my home, and get my things prepared the day before. It is embarrassing, and I have no excuse for it other than that I genuinely forgot it. I plan on improving from my mistake, to continue to become the best I can. BL

Objective																
6. 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	NA					
Faculty/TA Initials									CB	BL	BL					

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

Comments:

Week 9-6(a) You are beginning to demonstrate the ability to use clinical judgment in developing a patient-centered plan of care. At this point, you are starting to connect assessment findings, patient needs, and nursing interventions, which shows growth in your reasoning skills. Continue practicing how to prioritize problems and link interventions directly to patient outcomes—this will strengthen your ability to respond effectively and make thoughtful, patient-centered decisions. BL

Objective

7. 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									CB							

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

Comments:

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

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

**** Strength/weakness reflection (a,b): Must have a 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 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.

- A. My area of strength was my ability to talk to my patient. He was very confused and unaware of certain things going on, and I was able to explain my procedure to him in a way he was able to comprehend, and work with me during the assessment and vitals. I explained everything before doing it, and confirmed with him that he was okay with what we had to do. *Great job communicating with your assigned patient this week. It is difficult to communicate with a confused individual, just remember to keep things simple and repeat if necessary. FB*
- B. An area of improvement for me is getting a handoff report. I tried my best to keep up, but I was trying to write faster than I actually can and kept writing info in the wrong boxes for myself. I will work on fixing this by being better prepared. My first day was a surreal moment that I was really excited about, but my excitement took away from my focus. I can also look ahead at my handoff sheet to see where I will be putting specific information instead of winging it like I did. With better organization and being mentally prepared I can begin to improve. *Try to familiarize yourself with the report sheet and don't be afraid to ask questions or for the nurse to repeat. This will get better over time with experience. FB*

Comments:

Week 7- All competencies for objective 8 are unsatisfactory because you did not address any of them. Alejandro, some advice for you is to be early to clinical, have all of your paperwork, and necessary equipment ready to go ahead of time. You need to have better organization skills. Do not wait until the last minute to complete all requirements. These qualities will carry over into the care of patients. You will need to be thorough, read threw orders, carry out those orders correctly, on time, and efficiently. As the nurse it will be your responsibility to care for patients ensuring positive outcomes. FB

Week 8(8a-i): Alejandro, you did not self-rate yourself for these competencies in week 7 and you did not address them for week 8, 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

Week 9:

- A. My strength this week was my ability to get all of my duties completed with my patient without causing them any stress and improving their stay. My patient was very pleasant, and it made getting along very easy. I was able to work around her breakfast schedule to get her bag bath and Theraworx bath complete, leaving her happy and ready for discharge. *Great job, Alejandro! I agree – your time management was excellent this week. You completed all your care and documentation in a timely manner. BL*
- B. My weakness this week was being prepared. I thought I was organized enough, but I need to keep working at it. Forgetting my stethoscope was embarrassing and stressful, but I am the one who created the problem for myself. I want to fix this by creating a list to keep all of my materials in order, as well as being better prepared the night before. I should not be scrambling in the morning before my 45-minute drive when I can have everything I need ready to go beforehand. I can't wait until I see myself improve and become the best I can be. *I appreciate your honesty and insight in recognizing the importance of preparation. It's clear you're taking accountability and already developing an excellent plan to improve your organization. Learning from experiences like this will help you grow in professionalism—your motivation to do better shows strong self-awareness and commitment to becoming the best nurse you can be. BL*

I have received all U's because I completely missed the entire section and failed to fill anything out. I need to double-check my work to make sure I am doing everything and not missing parts of the assignment. I will be changing these to S because I am addressing my mistakes and know I can continue to improve. I will have to give myself a U in exhibiting professional behavior in the clinical setting because I forgot my stethoscope. I tried to prepare differently to improve my ability to be better prepared, but didn't check all the boxes and made a big mistake. I will fix this by having a list of materials I need and double-checking that I am prepared for clinical. *Thank you. BL*

Week 9-8(f) This competency has been rated as unsatisfactory for this week in the area of professional behavior. You arrived to clinical unprepared, having forgotten your stethoscope, and needed to borrow one in order to safely assess and care for your patient. Moving forward, it will be essential to arrive fully prepared and organized to ensure safe, effective, and professional patient care. I'm confident that with attention to preparation and planning, you will continue to grow and strengthen this area. Please be sure to address this "U" on your Clinical Evaluation Tool for Week 10 according to the guidelines outlined on page 2 of this document. If you have any questions, please do not hesitate to ask. BL

Week 10-8(f) This competency has been rated as unsatisfactory for this week in the area of Professional Behavior. Unfortunately, you did not submit your Week 10 Clinical Evaluation Tool on time. Please remember that your Clinical Evaluation Tool must be submitted each week by Saturday at 2200, regardless of whether you have clinical or not. Be sure to address this "U" on your Week 11 Clinical Evaluation Tool in accordance with the guidelines outlined on page 2 of this document. It is important that you make a conscientious effort to achieve a satisfactory rating in this competency for the remainder of the semester. Demonstrating progression is essential, and at this time, you have been rated as unsatisfactory in this area each week to date. BL

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
N o t i c i n g	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)		
I n t e r p r e t i n g	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)		
R e s p o n d i n g	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		
R e f l e c t i n g	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: _____