

**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).										S	N/A	S				
b. Identify cultural factors that influence healthcare (Noticing).										S	N/A	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	N/A	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S	N/A	S				
Faculty/TA Initials		NS					CB	CB	CB	NS	NS					
Clinical Location; Patient age**		Meditech Orientation					3T ;85	NA	N/A	4N ;77	N/A	4N ; 81, 74				

* 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 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 2(c,d) – You did a really nice job this week coordinating your care effectively while also respecting the patient's preference, values, and needs. It was very evident that you have a kind-hearted nature and presence about you. During the times in the patient's room, I could tell that you were able to develop a rapport so that he felt

comfortable in your care. You recognized the pain and discomfort he was in related to his back surgery, and coordinated your care with that in mind to promote comfort. You were able to use Maslow's as a guiding framework for your care, focusing on his physiological needs first through assessment, vital sign obtainment, and treatment of pain. You then focused on promote safety by initiating safety precautions. You also helped meet his psychosocial needs through communication, promoting self-esteem through setting him up with hygiene care, and including his significant other in the process. Very 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	NA	S	S	N/A	S				
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	N/A	S				
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	N/A	S				
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	N/A	S				
e. Collect the nutritional data of assigned patient (Noticing).										S	N/A	S				
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										NA	N/A	N/A				
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										S	N/A	S				
Faculty/TA Initials		NS					CB	CB	CB	NS	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 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 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 and were very thorough in your documentation. You noticed abnormal HEENT assessment findings, noting visual impairment with the use of glasses, limited vision in the left eye, and dry lips. You also noticed abnormal respiratory findings, including shortness of breath on exertion, accessory muscle use, and grunting, which you interpreted as being related to pain from his recent back surgery. Neurologically you noticed dizziness, restlessness, unreactive left pupil which was compared to a reactive right pupil, and tingling in the left foot. As a result of his recent back surgery, you noticed the need for an assistance device and back pain. For the integumentary system, you noticed a surgical incision that was covered with a dressing. In the GI assessment, you noticed an irregular bowel pattern. Great job! NS

Week 9 2(b) – Good job obtaining accurate vital sign measurements. When assessing vital signs, you noticed a decreased Spo2 (90%) on RA. You interpreted this as abnormal and notified the assigned RN. You implemented nursing measures, such as encouraging coughing and deep breathing, use of the incentive spirometer, and pain management to improve his oxygenation. You also interpreted his history of OSA and not using a CPAP machine overnight as a possible cause of his lower oxygen levels. Great thought process! NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 11 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

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	N/A	S				
a. Receive report at beginning of shift from assigned nurse (Noticing).							S	NA								
b. Hand off (report) pertinent, current information to the next provider of care (Responding).										S	N/A	S				
c. Use appropriate medical terminology in verbal and written communication (Responding).							S	NA	S	S	N/A	S				
d. Report promptly and accurately any change in the status of the patient (Responding).							S	NA	S	S	N/A	S				
e. Communicate effectively with patients and families (Responding).							S	NA	S	S	N/A	S				
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							S	NA	S	S	N/A	S				
		NS					CB	CB	CB	NS	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,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 3(d,e,f) – You did an excellent job this week communicating with your patient, the assigned RN, your peers, and other members of the health care team. You were actively engaged in his plan of care, and you were able to observe other health care professionals in their roles. You were clearly able to develop a rapport with your patient through communication, and I think it was very kind of you to want to thank him and say good bye prior to leaving the floor. You promptly reported the low SpO2 levels and pain levels to the assigned RN so that he needs were addressed quickly. As a result, you were an active and accountable member of the health care team throughout the day. 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	NA	S	S	N/A	S				
b. Document the patient response to nursing care provided (Responding).							S	NA	S	S	N/A	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	NA	S	S	N/A	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S	S	N/A	S				
e. Provide basic patient education with accurate electronic documentation (Responding).										S	N/A	S				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S	NA	S	S	N/A	S				
*Week 2 –Meditech Orientation		NS					CB	CB	CB	NS	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,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! CB

Week 9 4(a,b,c) – You did very well with your documentation this week. You were thorough, accurate, and asked pertinent questions to clarify any concerns. You were active in your patient’s chart and communicated for findings to the health care team in a timely manner. 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. All criteria were met on the CDG grading rubric for a satisfactory evaluation. Well done! 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:																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							S	NA	S	S	N/A	S				
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	S	S	N/A	S				
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										NA	N/A	S				
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	S	N/A	S				
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	S	N/A	S				
f. Manages hygiene needs of assigned patient (Responding).										S	N/A	S				
g. Demonstrate appropriate skill with wound care (Responding).											N/A	S				
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							S	NA	S							
Faculty/TA Initials		NS					CB	CB	CB	NS	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; h.) I located a fire extinguisher and pull station by stairs 2 by room 3010 on floor 3T. CB

Week 7(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 5(d,e,f) – You demonstrated good time management skills this week, completing your nursing measures timely and efficiently. This allowed you the opportunity to experience several learning opportunities throughout the day. I was impressed with your level of detail in your assessment, noticing the use of range of motion exercises in which your patient seemed to really enjoy. You were also able to encourage and assist your patient with personal hygiene, ensuring that he was about to brush his teeth at the sink for good restorative care. NS

Week 11 5(c) - Demonstrated removal of foley catheter

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	N/A	S				
Faculty/TA Initials		NS							CB	NS	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 strong clinical judgement skills throughout the day. You developed a plan of care that was patient-centered based on his needs, and followed up on important assessment data quickly. You correctly identified his impaired mobility as a priority nursing problem related to his recent surgery, pain, and limitations when working with therapy. Good thought process this week! 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).												S				
*Week 11: BMV																
Faculty/TA Initials		NS							CB	NS	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:																
a. Reflect on areas of strength** (Reflecting)							S	NA	S	S	N/A	S				
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							S	NA	S	S	N/A	S				
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S	S	N/A	S				
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							S	NA	S	S	N/A	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	S	N/A	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	S	N/A	S				
g. Comply with patient's Bill of Rights (Responding).							S	NA	S	S	N/A	S				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							S	NA	S	S	N/A	S				
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	S	N/A	S				
Faculty/TA Initials		NS					CB	CB	CB	NS	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; a.) I felt that I showed areas of strength when communicating with the patient and making sure they felt comfortable throughout the assessments.

Week 7; b.) I felt that some areas in which I could improve would be walking confidently into the patient's room. For the first time, I was very nervous and had a faculty member walk in with me. Next time, I will improve by going into the patient's room and introducing myself. I also think I needed room for improvement by completing all areas of the head-to-toe assessment. There were some steps that I forgot, like checking for all the patient's pulses, such as the brachial pulse, dorsalis pedis pulse, and posterior tibial pulse. When in her condition, it would have been helpful in her charting. To improve on this, I will practice a head-to-toe assessment on three members of my family to improve my skills. Jenna, you did a great job on your head to toe assessment, sometimes nerves get the best of us. You have a great plan in place to help you improve in this area. CB

Week 7(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! CB

Week 9;a) My strength this week was I did a good job communicating with my patient and his wife, who was in the room. I made sure to foam in and out of the room and continuously asked the patient and his visitor for anything they needed. I told the nurse about anything abnormal such as his SPO2 level being 90% and his pain being a 7/10. I think this is an awesome strength to note this week, Jenna! As I mentioned earlier in the tool, you have a very kind and natural approach to your communication. This will certainly be an asset to you throughout your time as a student and in your career. Great job! NS

Week 9; b) My weakness this week was that I spent a lot of time on documentation for the head-to-toe assessment in the patient's room. I'm going to pay more attention to my documenting because I documented some stuff wrong and I didn't read what the whole parts of each section listed. Good use of reflection this week! Remember, you are still learning and this is only the second time you have documented on a real patient. Overall I thought you did a nice job and you were receptive to feedback. Keep up the hard work! NS

Week 11 (8; a) My strength for this week would be accurate and efficient clinical assessments. I had a patient who was very good at communicating so I felt very comfortable with asking her questions about her health throughout the day.

Week 11 (8;b) My weakness for this week was second-guessing decisions even though I was correct. For example, the patient asked if her husband could bring her a latte from McDonalds. She went from a clear liquid diet to advance as tolerated. I knew that she could have this, but I went and double-checked with my clinical instructor first. My plan for improvement would be trusting my knowledge during my next clinical.

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: _____