

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
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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	NA	S				
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							NA	S	S	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							NA	S	S	S	NA	S				
Faculty/TA Initials		NS					CB	BL	BL	HS						
Clinical Location: Patient age**		Meditech Orientation					NA	3Tower Age-79		3Tower Age-76	NA	3Tower Ages- 72 and				

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

****Document your clinical location and patient age in the designated box above.**

Comments:

Week 8-1(c,d) Great job this week showing respect for your patient's individual preferences, values, and needs while providing care. In your CDG, you did a nice job identifying your patient's abnormal assessment findings and priority concerns. This demonstrates the early development of clinical judgment, which is essential for safe and effective nursing practice. BL

Week 9(1a,c,d) You spent a lot of time listening and talking with your patient. You were able to incorporate her preferences and needs into the plan of care. You allowed her to have a say in the way that the care was provided while also educating her on why you were doing things. HS

Objective																
1. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).							NA	S	S	S	NA	S				
b. Use correct technique for vital sign measurement (Responding).							NA	S	S	S	NA	S				
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).									NA	S	NA	S				
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	NA	S				
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	NA	S				
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA				
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	U NI	NA	S				
Faculty/TA Initials		NS					CB	BL	BL	HS						

* End-of-Program Student Learning Outcomes

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

Comments:

Week 8- 2(a,b) Great job this week using correct techniques for measuring vital signs and completing a systematic head to toe assessment on your assigned patient. Your assessment was thorough and completed in a timely manner. BL

Week 9-I didn't feel that I was able to adequately define the rationale for why my patient reported only having pain with pressure as well as the reasoning for the diagnostic tests she had done when I was asked by the patient. I couldn't really explain what they were looking for or what the purpose of either test was. I am changing this to an NI, as you are learning, and the provider wasn't completely sure what the patient's issue was and that is why there was ongoing testing. They were attempting to find out what was causing the numbness/tingling, and pain she was experiencing in her neck/face. As you mentioned in your CDG post they were thinking she may have had a pinched nerve. Her original testing was done to rule out a stroke. There are many times when you may not know the answer to the question the patient is asking, it is important to ask someone else so that they can answer the patient's question. HS

Week 9 (2a,c,d)- You did a great job performing appropriate assessments. You provided pertinent information from assessments, labs to determine a priority problem for your assigned patient. Associated interventions were implemented that were relevant to the priority problem based off of information gathered. HS

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 8-3(e) Excellent job communicating with your patient during clinical this week. You also did a great job reflecting on and discussing your communication in your CDG as well. BL

Week 9 (3a-f) You were able to get a report from the night shift nurse and update the nurse prior to leaving at the end of the shift. You did a nice job communicating with your patient and the other members of the healthcare team during the shift. HS

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:																
a. Document vital signs and head to toe assessment according to policy (Responding).							NA	S	S	S	NA	S				
b. Document the patient response to nursing care provided (Responding).							NA	S	S	S	NA	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					NA	S	S	S	NA	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							NA	S	NA	S				
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	NA	S				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							NA	S	S	S	NA	S				
*Week 2 –Meditech Orientation		NS					CB	BL	BL	HS						
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 8-4(a) Excellent job with your documentation this week in clinical. Your documentation for both your vital signs and head to toe assessment were thorough and accurate. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. You provided a nice description of how you utilized the patient's vital signs data to look for trends and identify any changes. 4(f) Satisfactory completion of your CDG this week. Keep up all your hard work! BL

Week 9(4a,b,c) You did a nice job this week documenting all of the care and interventions you provided to your patient. HS
(4f)- Nice job on your initial CDG post and the peer response you met all of the rubric requirements and provided a thorough response to your peer. I would agree with pain as a priority problem for her. HS

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

		NS					CB	BL	BL	HS						
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Faculty/TA Initials

* 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.**

The Fire extinguisher was in-between Rm #3035 and Rm #3034, pull station was underneath and before the 3rd floor sign in the hall.

Great job! BL

Comments:

Week 9 (5 d,e,f)- You did a nice job going right in the patients room and getting your assessment completed. You were able to assist the patient with the meal tray and hygiene care. You planned your time efficiently in order to complete all tasks. You did all of these tasks in a timely manner and maintained safety and encouraged independence from the patient. HS

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).									NA	S	NA	S				
Faculty/TA Initials		NS							BL	HS						

* End-of-Program Student Learning Outcomes

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

Comments:

Week 9 (6a) Excellent job utilizing your clinical judgment skills to care for your patient this week. You assured the plan of care fit your patient's needs and preferences. You will continue to grow these skills as you progress through the semester and program. HS

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).									NA							
b. Recognize patient drug allergies (Interpreting).									NA							
c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).									NA							
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA							
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA							
f. Assess the patient response to PRN medications (Responding).									NA							
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S				
*Week 11: BMV																
Faculty/TA Initials		NS							BL							

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

* 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: (we want that in detail)

Week 7(8a-i): Taleigh, you did not self-rate yourself for these competencies, therefore you receive a "U". Please be sure to address this competency next week when completing your tool. The following are directions from page 1 of the tool: If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must

be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. CB

I Taleigh will make sure to fill out all the boxes from here on out and self-rate myself for all competencies. BL

Week 8-8(a,b) These competencies were changed to a “U” for this week because you did not provide a written example for a strength or an area in need of self-growth (see the example highlighted in red above). Each week you have clinical, you must provide a written response for both competencies 8a and 8b. Please be sure to address the “U” on your Clinical Evaluation Tool for Week 9 according to the guidelines outlined on page 2 of this document. If you have any questions or need assistance, please do not hesitate to reach out. 8(i) You did a wonderful job reflecting on your first clinical experience in your CDG this week. You provided a nice description of your thoughts and feelings before and after the experience. Keep up all your great work! BL

I Taleigh cook will make sure to respond to all competencies in objective 8 and provide a written response for competencies 8A and 8B from here on out. HS

I believe a strength of mine would be assessing the situation and the environment that the patient is in and trying to accommodate to their needs, as well as I can, without getting distracted and while maintaining professionalism. Great job! Each patient interaction will be different; therefore, it is always imperative to be professional and treat each patient according to their specific needs. HS

I’m having a difficult time remembering to ask about numbness and tingling in all extremities of the body. I will practice a full head to toe assessment on a couple family members while remembering to ask for numbness and tingling everywhere not just in focused areas or where pain is noted. Great plan! HS

I believe a strength of mine for week 11 would be that I remembered to ask about numbness and tingling everywhere. I also think my focused assessments are improving along with my ability to remind myself of the importance of my assessment before other healthcare workers come in and take over. Something that I need to work on is not being afraid to check everywhere on the patient even if it makes them uncomfortable, I need to fully assess more private areas better. I will fix this by educating the patient more on why it’s important for me to see all areas and get help if needed turning them.

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: - 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 *(Refer to L.C.JR)	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: _____