

**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	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	NS	NS					
Clinical Location; Patient age**		Meditech Orientation					NA	3 Tower Age: 70		4 North Age: 51	NA	4 North Age: 86				

* 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 1(c,d) – You did a great job this week providing patient-centered care. With your patient being primarily independent, you were able to balance performing nursing measures in a timely manner while also providing her with privacy and time to rest. You respected her preferences and communicated effectively to ensure her needs were met. (d) you were able to use Maslow’s as a guiding framework for your care, addressing her physiological needs first by performing important assessments, addressing her pain/nausea, and closely monitoring her vital signs using sound clinical judgment. This was a difficult situation with her being reluctant to care at times. When patients are more independent, we have to balance things we need to do while also respecting the patient’s right to refusal. I thought you handled it well and with time and experience you will learn your “nurse voice” in communicating with patients the importance of certain assessments. 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).							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	S	NA	S				
Faculty/TA Initials		NS					CB	BL	BL	NS	NS					

* 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 demonstrating proper techniques for measuring vital signs and completing a systematic head to toe assessment on your assigned patient. Your assessment was thorough, accurate, and well-organized. You demonstrated good clinical judgment by recognizing weak pulses and appropriately using the Doppler for further assessment. Continue building on these strong assessment and critical thinking skills as you move forward. BL

Week 9 2(a) – Good work with your head-to-toe assessment this week, noting improvements from your first clinical experience. 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 abnormal cardiovascular assessment findings, noting the use of telemetry monitoring due to her acute blood loss to monitor her cardiac function. Neurologically you noticed a flat affect and numbness/tingling to her bilateral feet which was interpreted as being related to her history of type 1 diabetes. In your gastrointestinal assessment you noticed an irregular bowel pattern with loose stools, intermittent nausea after eating, and tenderness with guarding to the abdomen. You were able to assess her stool characteristics and collected a sample to be sent for testing, noting liquid, greyish/brown appearance. NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 5 indicating a low fall risk. You did well to explain the factors that led to the score and described nursing measures that were implemented to promote safety. NS

Week 9 2(g) – Excellent job in our discussion of various lab values to monitor. You were able to interpret her abnormal hgb, hct, and RBC levels accurately and described important nursing considerations based on the results. You were able to correlate symptoms the patient may experience and the importance of continuous monitoring to prevent complications. You were also able to correlate her electrolyte levels as being related to her frequent, loose stools leading to loss of fluid and electrolytes through the colon as a result of dysfunctional gastrointestinal motility. 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:							NA	S	S	S	NA	S				
a. Receive report at beginning of shift from assigned nurse (Noticing).							NA	S	S	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	NS	NS					

* 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 2(e) – Although you identified a flat affect on your patient, most likely due to her situation, you were able to communicate effectively despite her wanting to be left alone throughout the morning. You communicated the importance of gathering important data before allowing her time to rest. This is a hard balance, determining when it is appropriate to allow quiet time vs. interrupting to gather data. I thought you handled the situation well. NS

Week 9 2(f) – This week you had some extra time due to the independence of your patient. You were actively involved with your classmates and members of the health care team, helping and being a supportive team member. By doing so, you were an accountable member of the health care team. This is always appreciated! 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:																
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 –Meditch Orientation		NS					CB	BL	BL	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 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. As discussed in clinical, a friendly reminder that for any body system that is found to be normal based on the defined parameters in Meditech, you do not need to document any further information. You can select "yes" for normal, and then move on to the next system. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. 4(f) Satisfactory completion of your CDG this week. Excellent job! BL

Week 9 4(a,b,c) – Overall I thought your documentation was thorough and accurate based on your assessment findings. You were independent with your documentation and asked appropriate questions when indicated. Great job spending time reviewing the EHR to trend data and evaluate lab results. Well done! 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 Michael not having a reference included. You did include the in-text citation, but did not provide a reference for where that citation came from. 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:																
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	NI	NI	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							
Faculty/TA Initials		NS					CB	BL	BL	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.**

Comment:

Week 8 10/8/2025: On 3 Tower, there is a pull station next to the Nurse Directors office, and there is a fire extinguisher across from room 3036. Great job! BL

My patient has very weak radial pulses, so I had to auscultate his apical pulse, and I had some difficulty with this as well. His pulse was very difficult to hear, and there was a lot of movement going on. I also paused a couple of times in between different tasks to double check with my instructor to see if my findings were correct. While I was able to effectively count his apical pulse after multiple attempts and with help from my clinical instructor, I felt like my time wasn't managed efficiently and it caused my patient to eat his breakfast a bit late.

Week 8-5(e) Although you faced challenges with time management, you remained focused on providing accurate and safe care. Your decision to pause and verify your findings shows strong clinical judgment and a commitment to learning the correct techniques. With more experience, your confidence and efficiency will continue to improve. Excellent job recognizing your areas for growth and maintaining your patient's safety as your top priority. BL

Week 9 5(d,e) – At this level, time management and organization are some of the toughest skills to develop. The hospital often brings about numerous interruptions or changes that require nurses to adapt. With this being your first full clinical experience, I thought you demonstrated good time management skills. You were able to perform your initial assessment and gather essential data in a timely manner. This allowed your patient time to rest while also ensuring these results were communicated to the rest of the health care team through documentation. 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).									NA	S	NA	S				
Faculty/TA Initials		NS							BL	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 her needs. In our discussions you provided good insight into various lab values and nursing considerations, answered questions appropriately, and made a lot of really good connections using clinical judgment. You correctly identified her dysfunctional gastrointestinal motility as a priority nursing problem, with frequent loose stools leading to some electrolyte imbalances. You did well describing the pathophysiology behind this and implemented a plan of care aimed at monitoring these closely. 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).									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	NS	NS					

* End-of-Program Student Learning Outcomes

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

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

Comments:

* 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: : A strength I hold is communicating effectively with my patient on what I will be doing, with my clinical instructor when I’m questioning something, whether that be measurements I got, or what I need to do next. I’m glad you felt comfortable engaging your patient in conversation while performing vital signs and a head to toe assessment. Building trust and rapport is essential for effective nursing care, and you’re already developing that important skill—keep up the great work! BL A weakness I have is not being as confident in the results I gather, and questioning whether I’m correct or not. While that’s not always a bad thing, I feel like I questioned a lot and asked my clinical instructor to double check my findings for more than a few things. I also had some difficulty finding the apical pulse (my patients radial pulses were very weak and hard to palpate). Before my next clinical day, I’m going to go over head to toe assessment and what’s normal/abnormal, and practice auscultating an apical pulse on 4 of my family members to review. Great job taking time to reflect on an area of improvement for future clinical experiences. Self-awareness is an important part of learning. As you gain more experience and spend more time at the bedside, your confidence and competence will grow. Taking time to practice your skills is very important, and it will help contribute to your confidence also. Keep up all your hard work! BL

Week 8-8(f) Unfortunately, you did not submit the correct Clinical Tool by the due date/time; therefore, this competency was changed to an “Unsatisfactory” for this week as it relates to responsibility. Going forward, I encourage you to double check your Clinical Tool submission in your dropbox to ensure it is the correct version. Please be sure to address this “U” on your Week 9 clinical tool according to the guidelines outlined on page 2 of this document. Should 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 understand that I was unsatisfactory for week 8(F) because I did not submit the correct clinical tool in my dropbox for week 8. Moving forward, I will double check that I have the correct clinical tool opened before I begin to fill out the boxes, and before submitting it. Thank you! NS

Week 9 strength/weakness: I strength I hold is now effectively completing things in an order that is organized and makes sense in my head. I felt a lot more “put together” this time around while doing my head-to-toe assessment, even though my patient did not let me do her GI assessment at 0700, I still felt that I was organized and correctly did everything in a systematic order. Awesome strength to note this week, Bella! You were able to take an identified weakness from your previous experience and demonstrated improvement in ability and confidence. That is what reflection is all about! I am happy to hear that you felt more comfortable and organized. This will continue to improve with each experience. Great job! NS

A weakness I have is not telling the patients when something really needs to be done so the doctor knows that information for their rounds. This weakness comes from being nervous that a patient will yell at me for not leaving them alone. My patient did not let me do my GI assessment on her when doing my head to toe because she was in pain and she was tired from her medication, and that’s what really needed to be done due to her symptoms and what she was admitted for. I informed my clinical instructor of this, but I believe should’ve attempted to explain to her more that the information I’d get from the GI assessment is important and something the doctor needs to know. In the future, if a patient refuses a section of an assessment, I’ll express my understanding of why they don’t want it done, but why it’s important to obtain this information so we know what’s going on. To practice before my next clinical, I’ll have a few family members act as patients and refuse some part of an assessment/care needs, and practice my communication with patients and what I would say when this situation occurs. This is a really good reflection, Bella. I appreciate the insight provided regarding the situation. It seems like this was a good learning experience. What I often tell students is that you will learn your “nurse voice” in the sense that it takes time to develop the confidence to be “stern” with patients. We have to balance respecting their wishes and also gathering essential data. As a brand-new nursing student, you are not alone in feeling uncomfortable in these situations. There may be times in your career that a patient gets upset with you, and that is okay. We educate on the importance, do our nursing care, and hope the patient understands. If they adamantly refuse, we document and try again later. Often times if patients don’t feel well, they feel more empowered

to tell a nursing student no vs. the assigned RN. For your own understanding, the bedside RN has to go in behind you and complete their own assessment, so that information will get relayed to the providers. However, I love the reflection on this experience and I think you have a unique plan that will help you practice communication in these situations. Very well done! NS

Week 11 strength/weakness:

A strength I have is the ability to empathize and connect with my patients. This week I care for a patient who came in with shoulder pain. He expressed to me how annoying it's been for the pain to keep coming back and how he's ready for it to finally go away. I asked if it was okay to share my own experiences with shoulder pain, and with his approval I empathized with him and told him that I relate to that as I'm dealing with shoulder pain myself from an injury I sustained months ago, so I know how annoying that must be and to want it to go away. This allowed me to connect with the patient on a personal level and show that I truly understood what he was feeling. I'm able to use my own experiences, and also what I've seen before on other patients, to connect with patients and use that knowledge on how to take care of them. This also creates trust with my patients, and helps me to provide individualized and compassionate care.

A weakness I noticed this week was not communicating very well with a patient while removing a JP drain. I was a little nervous as that was my first time doing that, and I was so focused on making sure I was doing the skill correctly and I wasn't hurting the patient that I felt that I didn't communicate well and explain to the patient myself what I was doing. Before my next clinical days, I'll go over multiple skills, like foley insertion/removal and NG tube insertion/removal and practice my communication skills to make sure next time I'll be more prepared to communicate what I'm doing and not let my nerves get the best of me.

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:		Course Objective:					
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)		
Respo	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		

nding	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: _____