

SEVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kaylee Altomare

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)
10/18/2025	1H	Missing CDG peer response	
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:										NH S	N/A	S	N/A			
a. Identify spiritual needs of patient (Noticing).										NH S	N/A	S	N/A			
b. Identify cultural factors that influence healthcare (Noticing).										NH S	N/A	S	N/A			
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	N/A	S	N/A			
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S	N/A	S	N/A			
Faculty/TA Initials		NS					BL	CB	CB	CB	CB					
Clinical Location; Patient age**		Meditech Orientation					3T; 90 years	NA	N/A	4N; 70 years	N/A	4N; 79 years	N/A			

* 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 7-1(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. As a reminder, be sure to document your clinical location and patient age in the designated box above for all clinical experiences moving forward. BL

Week 9(1a,b,c): These competencies were changed to a "S" because these are competencies that are completed without specific tasks. Great job coordinating care this week for your patient based on their needs. CB

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	N/A			
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	N/A	S	N/A			
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	N/A	S	N/A			
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	N/A	S	N/A			
e. Collect the nutritional data of assigned patient (Noticing).										S	N/A	S	N/A			
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										N/A	N/A	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	N/A			
Faculty/TA Initials		NS					BL	CB	CB	CB	CB					

* End-of-Program Student Learning OutcomesNA

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

Comments:

Week 7-2(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(2a,b,c,g): Great job completing your head to toe assessment and obtaining vital signs on your patient. You did a good job ensuring safety, completing the John Hopkins Fall Risk Assessment, and you were able to describe the factors that related to that score in your CDG. You were also able to discuss a priority problem for your patient and lab and diagnostic findings that may correlate to that diagnosis. CB

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7-3(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(3b,e): Great job with handing off pertinent information related to your patient before the end of the clinical day. You did a great job communicating with the bedside nurse, patient, and peers. I changed competencies 5e to a “S” because you were able to use medical terminology were appropriate. CB

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 2- 4(c,d) Great job listening attentively and actively participating in the Meditech orientation clinical. You demonstrated beginning competence in accessing a patient's EHR, documenting care in an intervention, and locating patient data. You were able to access Lexicomp and locate patient education materials, as well as find nursing policies and procedures on the health system intranet. Great job! NS/CB/BL

Week 7-4(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. 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) Although you did an excellent job with your initial CDG post and reply to a peer, you did not include both an in-text citation or a reference for your reply to a peer. Remember, **both** your initial post and reply to a peer must include an in-text citation and a reference per the CDG grading rubric. If you have any questions or need further assistance, please do not hesitate to ask. BL

Week 9(4d,e,f): Competency 4d,e were changed to a “S” because if need be you would be able to access patient education topics via the intranet. Competency 4f was changed to an “U” because you did not complete a peer response this 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. This also results in 1 hour of missed clinical time and must be made up by responding to a peer for week 9 by 10/22/25 at 0800. CB

Week 10 (4f) – I was marked unsatisfactory because my post didn’t actually submit. Next week, and the weeks to follow, I will ensure that it is actually submitted before getting off my laptop. I will be correcting this shortly. **Thank you for addressing the unsatisfactory rating for 4f and ensuring to put in plan in place so that it doesn’t happen again.** CB

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).							NI	NA	NI	NI	N/A	S	N/A			
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	S	S	N/A	S	N/A			
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										N/A	N/A	N/A	N/A			
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	S	N/A	S	N/A			
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	S	N/A	S	N/A			
f. Manages hygiene needs of assigned patient (Responding).										S	N/A	S	N/A			
g. Demonstrate appropriate skill with wound care (Responding).											N/A	N/A	N/A			
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							S	NA	S							
Faculty/TA Initials		NS					BL	CB	CB	CB	CB					

* 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:

PULL STATION

- By conference rm on 3T
- By rm 3027 by the exit stairway
- Pull by rm 3021
- Across from rm 3020

FIRE EXTINGUISHER

- By rm 3027 by the exit stairway
- Between rm 3018 and 3019

Great job! BL

Week 7-5(a) Great job obtaining vital signs and performing a head to toe assessment on an actual patient this week. It's completely normal to feel nervous the first time performing skills in a clinical setting. It's great that you recognized the need to remember to raise the bed next time to protect your back and maintain proper body mechanics. BL

Week 9(5a&h): I keep forgetting to raise the bed while doing vitals and my head-to-toe assessment; that being why I am still marking NI for (a). (h) I forgot to look for fire extinguishers and pull stations, but I will get those next clinical. 5a- Kaylee, it's a lot to remember everything, please don't be so hard on yourself. 5h- the fire alarm and extinguisher were found during your 1st clinical experience while on 3T. CB

Week 9(5d,f): Great job managing basic patient care needs and providing hygiene needs for your patient. CB

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	N/A			
Faculty/TA Initials		NS							CB	CB	CB					

* End-of-Program Student Learning Outcomes

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

Comments:

Week 9(6a): You did a great job using clinical judgement skills this week in clinical. You knew that your patient's priority problem related to the knee injury. You were able to correlate diagnostic findings and labs, to implement interventions related to the problem. CB

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

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

* 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:

I forgot to check the capillary refill in both hands and feet. I will go through and practice several times at home on my family to ensure I don't forget again. I feel that I was able to communicate effectively with my patient and make good conversation with her. Great job taking time to reflect on an area of improvement for future clinical

experiences. Self-awareness is an important part of learning. It's completely normal to miss small things early on. As you gain more experience and spend more time at the bedside, you'll continue to grow in both confidence and competence. Keep up all your hard work! BL

Week 7-8(a) This competency was changed to unsatisfactory for this week because you did not provide a written response for your strength. Remember, each week you have clinical, you must provide a written example for both a strength and area in need of self-growth. Please be sure to address this "U" on your Week 8 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

Week 8(8a): Kaylee, this competency will remain an "U" until you address how you will correct the "U." Please read Brittany's feedback above from week 7. CB

Week 9(8a&b): I found that a strength of mine this week was good communication with the patient and nurse. Something I can improve on for this week is time management and being able to assess and/or shorten conversations with talkative patients. In the future, this will prevent me from seeing all my patients in a timely manner. I will improve this by studying transition statements that can speed up the conversation while gearing it towards the assessment. You'll find with time it gets easier to communicate while completing assessments. Great plan you have in place. CB

Week 9 (8a,c-i): Kaylee, competency 8a remains a "U" because you have not addressed Brittany's comment from week 7. Competency 8c-i, you left unrated, therefore they are automatic "U" ratings." 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. You need to read feedback that faculty is giving you and address the "U" ratings. If you have any questions, please reach out. CB

Week 10: I have already fixed my mistake relating to Brittany's comment. I am unsure of why I was unsatisfactory for (8a), would you be able to clarify that for me please? I was marked unsatisfactory on all the rest because I didn't fill out all of the boxes, I am unsure of why they weren't filled out but I will correct that and ensure that it won't happen again. Thank you, Kaylee for addressing the "U" rating for objective 8. You have a plan put in place to ensure correct completion of this objective happens in the future. CB

Week 10(8f): Kaylee competency 8f was changed to a "U" for submitting your clinical tool after the due date and time. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. CB

Week 11: I feel that I was able to communicate effectively with my patient, even though she was a bit picky. I was able to make a connection with her and she was able to open up about being physically abused by her first husband. Something that I can improve on is my time management. I plan to improve my time management when I am at home by knowing what I have to do and getting those things done by a certain time.

Week 12: I was marked unsatisfactory on all the rest because I didn't fill out all of the boxes, I am unsure of why they weren't filled out but I will correct that and ensure that it won't happen again.

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	> 75% complete	50-75% complete	< 50% complete	0% complete		

	included for each intervention						
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: _____