

SEVALUATION 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)
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

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:										NS	N/A	S	N/A			
a. Identify spiritual needs of patient (Noticing).										NS	N/A	S	N/A			
b. Identify cultural factors that influence healthcare (Noticing).										NS	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	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	CB	CB			

Week 11(1d): You did a great job this week utilizing Maslow's to determine the needs of your patient, ensuring that appropriate measures were taken. CB

* End-of-Program Student Learning Outcomes NA

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

Week 11(2a,e,g): Your great with performing and documenting your head to toe assessment on your patient. You were able to obtain nutritional data on your patient and correlate the importance of good nutrition related to your patient's situation. You were able to discuss diagnostic studies that were performed on your patient that led to the priority problem of acute pain. 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			
		NS					BL	CB	CB	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 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

Week 11(3b,d,e): You did a great job reporting off and accurately reporting any sort of changes to the bedside nurse. You were also to have effective communication with your patient and your peers this week, good job! 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	S	N/A	S	N/A			
b. Document the patient response to nursing care provided (Responding).							S	NA	S	S	N/A	S	N/A			
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	NA	S	S	N/A	S	N/A			
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S	NS	N/A	S	N/A			
e. Provide basic patient education with accurate electronic documentation (Responding).										NS	N/A	S	N/A			
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S NI	NA	NI	S U	N/A	S	N/A			
*Week 2 –Meditech Orientation		NS					BL	CB	CB	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 1hour 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

Week 11(4c,f): You were able to access the EMR this week in clinical to collect data related to your patient’s nutritional status and AM-PAC mobility level. Great job on your CDG, meeting all requirements per the grading rubric. 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	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

Week 11(5a,c,d,g): Excellent job this week ensuring that your patient was educated on the importance of getting up to the chair and ensuring that the correct technique was utilized. You were able to manage basic care needs with knowledge and preparation. 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	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

Week 11(6a): Great job using clinical judgement this week during your clinical time with your patient. You were able to put pieces of assessment data together to recognize your patient's priority problem of acute pain. Great job correlating findings to your priority. CB

Objective																
2. 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 S	N/A			
*Week 11: BMV																
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 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB/SA

Objective																
3. 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	U	N/A			
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							S	NA	S	U	N/A	U	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	U	N/A			
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	U	N/A U	U	N/A			
g. Comply with patient's Bill of Rights (Responding).							S	NA	S	U	N/A	U	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	U	N/A			
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	U	N/A	U	N/A			
Faculty/TA Initials		NS					BL	CB	CB	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 “U” 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. Kaylee, it is great to have effective communication with your patient ensuring that a well-established patient nurse relationship is developed. For your next clinical, please make sure to address another area of strength. Time management will come with more experience and time. Great plan to help with this. CB

Week 11(8c-i): 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. CB

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. Thank you for addressing the “U” ratings that you received and ensuring that it will not happen in the future.

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		
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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 L.C.JR)</small>	Faculty Initials	Remediation Date/Evaluation/Initials
Date: 11/4/25 or 11/11/25	Simulation #1 (2,3,5,8) *	Scenario	S	CB	N/A
		Survey	S	CB	N/A
Date: 11/24/25 or 11/25/25	Simulation #2 (2,3,5,7,8) *	Scenario			
		Survey			

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Kaylee Altomare (A), Keira Keoghan (M)

GROUP #: 2

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/4/2025 1130-1230

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p><u>Focused observation</u> Obtains blood pressure and asks about pain. Focused observation on the cough and assesses history of cough. Observes soiled tissues in bed. Observes SpO2 is at 88% and educates client on pulse ox. But takes the pulse ox off and leaves client remaining flat. Continues to conduct head to toe assessment. Focused observation on abnormal lung sounds. Eventually focused observation on vital signs. Med nurse recognizes low SpO2 upon arrival and advises to place oxygen. Oxygen is applied. Eventually head of bed is elevated and pulse ox reapplied. Focused observation on SpO2 returning to normal limits.</p> <p><u>Recognizing deviations</u> Noticed low Spo2 (88%) as abnormal. Noticed patient's cough, encouraged deep breaths. Noticed wheezing upon auscultation of lung sounds. Noticed shortness of breath. Did not notice redness to the heels during assessment. Noticed tissues with yellow sputum in the bed.</p> <p><u>Information seeking</u> Confirmed name and date of birth when entering the room. Compared with the wrist band. Sought additional information related to cough and history. Sought information related to patient's pain (0/10). Sought information related to medication administration (verified name and DOB), performed 7 rights of medication administration. Asked if patient took medications with water. Remember to ask about allergies prior to medication administration. Educated on S/E of medications.</p>

<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p><u>Prioritizing Data</u></p> <p>Prioritized vitals obtained BP and SpO2 only after recognizing low SpO2 result.</p> <p>Did not prioritize focused assessment of respiratory system, continued focusing on patient's head to toe assessment.</p> <p>Prioritized researching medications to provide full patient education.</p> <p><u>Making sense of Data</u></p> <p>Interpreted Spo2 of 88% as below normal. Made sense of shortness of breath and cough related to pneumonia.</p> <p>Made sense of guaifenesin medication PRN order for persistent or non-productive cough</p> <p>Made sense of prescribed oral medications.</p> <p>Made sense of wheezing being related to pneumonia.</p> <p>Eventually raised head of bed after applying oxygen after finishing assessment.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p><u>Calm, confident manner</u></p> <p>Confident with simple nursing actions and communication with patient and requires assistance from team member.</p> <p><u>Clear communication</u></p> <p>Introduced self and role when entering the room. Explained interventions to be performed.</p> <p>Good communication with the patient throughout. Good education on the need for oxygen related to Spo2 level.</p> <p>Educated patient on medication, dosage, and indication.</p> <p>Answered patient's questions appropriately with medication administration</p> <p><u>Well-planned intervention/flexibility</u></p> <p>Started with vitals, recognized low SpO2 and continued with head-to-toe assessment.</p> <p>Teammate reminded assessment nurse to apply oxygen.</p>

	<p>Focused assessment performed on patient's cough</p> <p>Encouraged the patient to deep breathe.</p> <p>Applied nasal cannula as ordered by physician to maintain Spo2 >93%.</p> <p>Remember to re-assess Spo2 after oxygen administration.</p> <p>Focused re-assessment performed on the respiratory system. Noticed Spo2 at 94% on 2L.</p> <p>Elevated HOB after completing assessment but recognized the cough and SpO2 of 88%.</p> <p><u>Being skillful</u></p> <p>Assessed numbness and tingling, or lower extremity strength (push/pull).</p> <p>Assessed neuro assessment.</p> <p>HEENT assessment performed partially.</p> <p>Respiratory assessment performed. Lung sounds auscultated skin to skin (6 locations, anterior only).</p> <p>Cardiovascular assessment missed.</p> <p>Gastrointestinal assessment partially completed, asked about last BM.</p> <p>GU assessment performed.</p> <p>Integumentary assessment partially complete.</p> <p>Musculoskeletal assessment completed.</p> <p>Circulation assessment completed.</p> <p>Elevated bed for proper body mechanics.</p> <p>Good hand hygiene.</p> <p>Used BMV scanner for medication safety.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p><u>Evaluation/Self-Analysis</u></p> <p>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions.</p> <p><u>Commitment to Improvement</u></p> <p>Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse</p>

	demonstrated collaborative communication between the team members and the patient.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing</p> <p><u>Focused Observation:</u> Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information</p> <p><u>Recognizing Deviations:</u> Recognizes most obvious patterns and deviations in data and uses these to continually assess</p> <p><u>Information Seeking:</u> Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting</p> <p><u>Prioritizing Data:</u> Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data</p> <p><u>Making Sense of Data:</u> In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding</p> <p><u>Calm, Confident Manner:</u> Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily</p> <p><u>Clear Communication:</u> Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport</p> <p><u>Well-planned Intervention/Flexibility:</u> Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response</p> <p><u>Being Skillful:</u> Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting</p> <p><u>Evaluation/Self-Analysis:</u> Independently evaluates and analyzes personal</p>

	<p>clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives</p> <p><u>Commitment to Improvement:</u> Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p> <p>Satisfactory Completion of NF Simulation #1.</p>
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Skills Lab Competency Tool

Student Name: Kaylee Altomare

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U:Unsatisfactory	Lab Skills										
	Week 1 (4)*	Week 2 (2,3,5,8)*	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Date: 8/18/2025	Date: 8/27/2025	Date: 9/4/2025	Date: 9/11/2025	Date: 9/16/2025 9/18/2025	Date: 9/23/2025	Date: 9/30/2025	Date: 10/7/2025 10/9/2025	Date: 10/14/2025	Date: 10/21/2025	Date: 10/28/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	BL	HS	HS	AR	CB	HS	HS	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Week 1 (Technology Lab):

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Shadow Health.
- Guided tour of library and computer lab. HS

Week 2 (Hand Hygiene; Vital Signs; PPE):

During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.

Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure.

Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! HS

Week 3 (Vital Signs):

Great job in lab this week! You successfully completed the vital signs check-off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure assessment, you accurately obtained two consecutive readings on the Vital Sim manikin. The first measurement was set at 154/70, and you recorded it as 150/70—within the acceptable range for accuracy. The second measurement was set at 110/68, and you interpreted it as 112/66, also well within the desired range.

In addition, you demonstrated strong knowledge by verbally discussing axillary and rectal temperature measurement, as well as orthostatic vital sign assessment. You required no prompting throughout the check-off and communicated clearly and appropriately with the “patient.” Your documentation was thorough and accurate for the vital signs; however, you omitted the written note that was supposed to be linked. Be sure to take some time to review this documentation next time you are in lab. Overall, excellent work—keep it up! BL

Week 4 (Assessment):

Satisfactory with head to toe assessment guided practice, hand-off report activity, Lexicomp/Intranet navigation activity, and the assessment/safety activity utilizing your clinical judgment skills. Great job! You will be observed 1:1 for Head to Toe Assessment competency during Week 5. HS

**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: _____