EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kathleen Sibert

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
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Faculty/Teaching Assistant's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated, confident, focuses on the patient, some expenditure of excess energy, within a reasonable time period, appropriate affective behavior, occasional supporting cues, minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Identify spiritual needs of patient (Noticing).										S	NA	S	NA			
b. Identify cultural factors that influence healthcare (Noticing).										S	NA	S	NA			
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							NA	S	S	S	NA	S	NA			
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							NA	S	S	S	NA	S	NA			
Faculty/TA Initials		NS					CB	SA	SA	BL	BL	BL	BL			
Clinical Location; Patient age**		Meditech Orientation					NA	3T, 92 Years old	NA	3T, 82 years old	NA	3T, 84 years old	NA			

* 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: NA – No Clinicals.
Week 8(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being able to recognize physiological needs of your patient when performing head to toe assessment. SA

Week 9-1(c,d) You demonstrated excellent care this week by thoughtfully respecting your patient’s individual preferences, values, and needs. Additionally, your CDG effectively identified the patient’s priority problem, supported by thorough analysis of assessment findings and diagnostic tests. BL

Week 11-1(d) Excellent work this week applying your critical thinking and clinical judgment skills to determine your patient’s priority problem. BL

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	NA			
b. Use correct technique for vital sign measurement (Responding).							NA	**S**	S	S	NA	S	NA			
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	NA	S	NA			
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	NA	S	NA			
e. Collect the nutritional data of assigned patient (Noticing).										S	NA	S	NA			
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).										S	NA	S	NA			
Faculty/TA Initials		NS					CB	**SA**	SA	BL	BL	BL	BL			

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

Comments:

Week 8: I was unable to fully perform a head-to-toe assessment 100% due to patient refusing nursing interventions and care; I tried my best at completing what I could perform.
Week 8(2a,b): Kathleen, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner.You performed a great assessment and should not be so hard on yourself! There are always areas for improvement, but with this being your first clinical, you did just fine! Great job! SA

Week 9-2(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. 2(c) Great job completing a fall and safety assessment this week and implementing appropriate precautions for your patient. In your CDG, you did well identifying the risk factors that contributed to the patient's fall risk score and pointing out safety concerns in the patient's room. Your efforts to prevent falls show good attention to patient safety. Keep up the great work! BL

Week 11-2(e) Great job discussing your patient's nutritional status in your CDG this week. You demonstrated a thorough assessment by considering factors such as BMI, appetite, oral intake, etc. BL

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

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

Comments:

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting all findings, and communicating effectively with your staff RN. SA

Week 9-3(e,f) Great job this week communicating with your patient and other members of the health care team. BL
Week 11-3(a,b,f) Great job taking report on your patient using the assigned report sheet. Utilizing a structured report sheet, rather than a blank piece of paper, supports accuracy and promotes patient safety. You also communicated pertinent assessment information effectively to the bedside nurse throughout your clinical experience. Keep up the great work! BL

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

* 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(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. Your documentation on everything was great, we expect not all information to not be completed when documenting the first clinical. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! SA

Week 9-4(a,b) Excellent job this week with your documentation. Your documentation was accurate, and completed in a timely manner. 4(c) You did an excellent job thoroughly reviewing your patient's electronic health record (EHR) to gather information that enhanced your understanding of the patient's overall plan of care. 4(f) Satisfactory completion of your CDG this week. Great job! BL

Week 11-4(f) Satisfactory completion of your CDG this week. Your responses were very thorough and reflected much thought. It is clear that you are developing strong clinical judgment skills. Keep up all the excellent work! BL

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	NA			
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							NA	**S**	S	S	NA	S	NA			
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	NA			
e. Organize time providing patient care efficiently and safely (Responding).							NA	**S**	S	S	NA	S	NA			
f. Manages hygiene needs of assigned patient (Responding).										S	NA	S	NA			
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**	**SA**	**SA**	BL	BL	BL	BL			

* End-of-Program Student Learning Outcomes

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

****You must document the location of the pull station and extinguisher here for your first clinical experience.**

Comments:
Week 8: Pull station location is around the corner from room 3001 or diagonal from the locker room. Fire extinguisher is in-between the staff soiled linen/equipment hallway and reception desk. Thank you! SA

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. SA

Week 9-5(a,f) Great job managing your patient's hygiene needs this week, as well as utilizing proper body mechanics when providing patient care. BL

Week 11-5(a,d) Great job with your CDG this week in which you assessed and identified your patient's mobility level (AM-PAC Basic Mobility Assessment). You correctly identified factors that led to the score, as well as any barriers to achieving the John Hopkins Mobility Goal. BL

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	NA	S	NA			
Faculty/TA Initials		NS							SA	BL	BL	BL	BL			

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

Comments:
Week 9-6(a) You are beginning to demonstrate the ability to use clinical judgment in developing a patient-centered plan of care. At this point, you are starting to connect assessment findings, patient needs, and nursing interventions, which shows growth in your reasoning skills. Continue practicing how to prioritize problems and link interventions directly to patient outcomes—this will strengthen your ability to respond effectively and make thoughtful, patient-centered decisions. BL

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).												S	NA			
*Week 11: BMV **Faculty/TA Initials**		NS							SA			BL	BL			

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

Comments:
Week 11-7(g) 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

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

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

**** Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

Comments:
Week 7 NA: No clinicals

Week 8: (a.b) My strength this week was confidence and the ability to take accurate vital signs, including accurate radial pulses, verifying with the vital monitor that I had successfully counted the correct pulse rate. My weakness for week 8 clinicals is forgetting a couple areas in the head-to-toe assessment, such as asking neurological questions in verifying A&O, and skin turgor. My plan to improve in doing a head-to-toe assessment is practicing on my husband while voice recording it to verifying what has been omitted. Practicing at least 3 times before next clinical's to get a better grasp at not forgetting any topics. That is a great plan. Pedal pulses can be hard to find, so do not be afraid to ask for assistance! SA

Week 8(8d,f,h): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. SA

Week 9 (a,b). During this clinical, my strength was demonstrating effective hygiene care. I was able to complete a full bag bath and linen change while maintaining patient privacy and comfort. During the bag bath, I was able to effectively communication with my patient to ensure his comfort level and respect while also encouraging his participation. During hygiene care, I was able to demonstrate and have help from a classmate on how to perform a bag bath and linen change with a real patient for her first time. Great job demonstrating effective hygiene care and maintaining patient privacy, comfort, and dignity throughout the process. It's excellent that you communicated with your patient to ensure comfort and encouraged participation. Your willingness to collaborate and support a classmate also highlights strong teamwork and professionalism. Keep up the great work! BL My weakness during clinical rotation would be having difficulty in auscultating my patients apical heart rate. Having difficulty in detecting subtle heart sounds can affect my assessment. I plan on improving my weakness by practicing auscultation on my family, friends, or classmates at least 5 times before next clinicals to ensure I have proper placement and positioning. Great job taking time to reflect on an area in need of improvement for future clinical experiences. Self-awareness is an important part of learning. It can be difficult to auscultate an apical pulse when there are other sounds competing for your attention, such as lung or bowel sounds. Keep practicing your listening skills and take your time to focus on one area at a time—over time, your ability to distinguish overlapping sounds will improve. Keep up all your hard work! BL

Week 11 (a,b) My strength this week is that I communicated effectively and worked well with the healthcare team to ensure adequate patient care. During my assessment I took note of my patients indwelling catheter tube with sediment in the tubing, I originally thought it could potentially be blocked. With notifying my instructor we troubleshooted the catheter tubing to provide adequate flow. Great job, Kathleen! You did an excellent job in clinical this week. You have strong assessment skills and consistently demonstrate growth in clinical judgment with each experience. Your documentation is exceptional and reflects the detailed and thorough assessments you perform. I also want to highlight the extra step you take in analyzing the chart and making connections between your findings and the patient's overall condition—this shows great critical thinking. For example, this week you noticed that your patient was prescribed a medication to which he has a documented allergy. You took the initiative to investigate further, which allowed us to have a meaningful discussion and ensure patient safety. This demonstrates your attentiveness, critical thinking, and commitment to providing safe, high-quality care. Keep up all of your hard work! BL My weakness for week 11 clinical would include that I picked the wrong priority nursing problem for my patient. Originally, I thought a priority problem would be oxygen perfusion, however it was infection. To improve my nursing priority problem skills, I will study 3 different case studies care map plans to get a better understanding in recognizing the priority nursing problem. Please don't feel discouraged by this, because you were absolutely correct in identifying this as a priority problem. Oxygen issues should always be considered highest priority. Your patient was unique in that his infection and oxygen issues were both critical, but since the infection is contributing to his other secondary problems, it had a slight edge based on his current signs and symptoms. Unfortunately, the patient was put into fluid overload while trying to treat signs and symptoms of his infection, which ultimately led to some oxygen issues. Remember, patients are often complex and have multiple problems, so it is normal for determining the highest priority to be challenging at times. BL

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: Kathleen Sibert					
Performance Codes: S: Satisfactory **U**: Unsatisfactory			**Evaluation** *(Refer to LCJR)	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: 11/4/25 or 11/11/25	Simulation #1 (2,3,5,8) *	Scenario	**S**	**BL**	**NA**
		Survey	**S**	**BL**	**NA**
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): Kathleen Sibert (M)
GROUP #: 4
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/4/2025 1330-1430

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Focused observation** Obtained vital signs. Focused observation on patient's pain level (0/10) Noticed shortness of breath with Spo2 of 89%. Focused observation on skin integrity when noticed reddened heels. Focused observation on patient's cough during assessment. Focused observation on patient's lung sounds and recognizes crackles. Focused observation on sputum in tissues and asks history of cough. **Recognizing deviations** Notices low Spo2 (88%) initially due to performing assessment. Noticed patient's cough, encouraged deep breathing and incentive spirometer. Noticed crackles upon auscultation of lung sounds. Noticed shortness of breath. Noticed redness to the heels during assessment. Noticed Spo2 of 88% as abnormal. Noticed tissues with yellow sputum in the bed. **Information seeking** Confirmed name and date of birth when entering the room. Compared with the wrist band. Sought additional information related to cough. 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 patient on medications administration preference. Remember to ask about allergies prior to medication administration.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data** Prioritized vital signs. Prioritized focused assessment of respiratory system, focusing on patient's persistent cough. Prioritized interventions related to the low SpO2 of 88%. Prioritized skin assessment and interventions to reddened heels. Prioritized medication communication and prioritized oxygen placement. **Making sense of Data** Interpreted Spo2 of 88% as below normal. Made sense of shortness of breath and cough related to pneumonia.

	Made sense of guaifenesin medication PRN order for persistent or non-productive cough Made sense of prescribed oral medications. Made sense of crackles being related to pneumonia. Made sense of oxygen administration and elevating HOB.
RESPONDING: (1,2,3,4,5,6,7) * • 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	**Calm, confident manner** Demonstrated confidence in nursing actions and communication with patient and team member. Answered patient's questions appropriately. Was confident with reassurance with patient. **Clear communication** Introduced self and role when entering the room. Explained interventions to be performed. Good communication with the patient throughout. Good education on the need for oxygen related to Spo2 level. Provided education on incentive spirometer but unsure of use. Educated patient on medication, dosage, and indication. Excellent teamwork and collaboration on applying oxygen and reassessing patient, and reassurance to patient. Lacked knowledge on cause of crackles to patient. **Well-planned intervention/flexibility** Started vital signs. Focused assessment performed on patient's cough and shortness of breath. Encouraged the patient to continue to cough and deep breath related to crackles. Encouraged incentive spirometer. Applied nasal cannula as ordered by physician to maintain Spo2 >93%. Focused re-assessment performed on the respiratory system. Noticed Spo2 at 94% on 2L. Noticed reddened heels. Made attempt to elevate heels. Elevated HOB when shortness of breath was noticed. Administers guaifenesin PRN order for cough. Educates on medication including side effects. **Being skillful** Did not assess oral cavity.

	Assessed numbness and tingling, of lower extremity strength (push/pull). Assessed some neuro assessment (eyebrows, smile, orientation questions, etc). HEENT assessment performed partially. Neuro assessment performed partially. Respiratory assessment performed. Lung sounds auscultated skin to skin all locations. Cardiovascular assessment performed. Gastrointestinal assessment completed (looked, listened, felt). Asked about last BM. Missed GU assessment. Integumentary assessment completed. Musculoskeletal assessment completed. Circulation assessment completed. Elevated bed for proper body mechanics. Good hand hygiene. Used BMV scanner for medication safety. Did not ask or clarify allergies.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	**Evaluation/Self-Analysis** Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. **Commitment to Improvement** Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: **Noticing** Focused Observation: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Recognizing Deviations: Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment Information Seeking: Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads

Scenario Objectives:

- 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) *

Interpreting

Prioritizing Data: Focuses on the most relevant and important data useful for explaining the patient's condition

Making Sense of Data: Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success

Responding

Calm, Confident Manner: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families

Clear Communication: Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport

Well-Planned Intervention/Flexibility: Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response

Being Skillful: Displays proficiency in the use of most nursing skills; could improve speed or accuracy

Reflecting

Evaluation/Self-Analysis: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives

Commitment to Improvement: Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2025
Skills Lab Competency Tool

Student Name: Kathleen Sibert

Comments:

Week 1

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:** 8/26/2025	**Date:** 9/5/2025	**Date:** 9/10/2025	**Date:** 9/17/2025 9/18/2025	**Date:** 9/24/2025	**Date:** 10/1/2025	**Date:** 10/6,8/ 2025	**Date:** **10/15/2025**	**Date:** 10/22/2025	**Date:** 10/28/2025
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	HS	HS	BL	AR	BL	HS	AR	AR	CB	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**

(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 128/64, and you recorded it as 122/64—within the acceptable range for accuracy. The second measurement was set at 110/60, and you interpreted it perfectly at 110/60. In addition, you demonstrated strong knowledge by verbally discussing axillary and rectal temperature measurement, as well as orthostatic vital sign assessment. You required one prompt for remembering to insert the rectal thermometer probe 1-1.5 inches. Your documentation was thorough and 100% accurate. Keep up all your hard work! 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. AR
Week 5 (Assessment; Mobility):
Excellent job in lab this week! You demonstrated a systematic and thorough approach to the basic head to toe assessment. Your performance was organized, comprehensive, and overall very well done. One prompt was required for asking about usual bowel habits and the patient's last bowel movement. Your communication style was professional, clear, and approachable, creating a positive and informative interaction. Great job! BL

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate and omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

- **Pain**- Documentation complete and accurate.
- **Vital signs**- Documentation complete and accurate.
- **Safety**- Documentation complete and accurate.
- **Physical reassessment**- Psychosocial- make sure to document whether each system is or is not within defined parameters. Cardiovascular- omitted documentation for right radial pulse. Neurological- omitted sensation of heaviness for right upper extremity. Dysphagia screen- no documentation. Gastrointestinal- omitted all charting for bowel pattern. BL

Mobility Lab 9/18/2025: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the healthcare worker and the patient. Great job with active participation throughout the duration of the lab. BL
Week 6 (Personal Hygiene Skills): Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! HS
Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):
Excellent job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. You did not require any prompts for the insertion, irrigation, or removal of the NG tube. Excellent patient education and GI assessment skills provided! You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. It was evident you prepared for this lab. Keep up the excellent work! AR
Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):
You did an excellent job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. You did not require any prompts throughout the procedure, nice work! You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. As a reminder, when you are putting on sterile gloves, hold your hand/glove higher up in the air so the tip of the glove doesn't touch the packaging. Your glove did not touch; however, it was close. You correctly verbalized the differences in catheter insertion for a male patient. You also actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the excellent work! AR

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Great job! CB
Week 9 (Wound Care: Dry Sterile, Damp to Dry Packed, Stoma Skills):
You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the sterile field

and followed aseptic technique throughout. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Great job this week! CB

Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

Week 11 (Medication Lab):

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice pad/sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR

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: _____