

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy Rockwell, MSN, RN;
Chandra Barnes, MSN, RN; Nick Simonovich, MSN, RN
Heather Schwerer, MSN, RN; Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
9/17/2025	3hrs	Week 5 Lab	9/18/2025
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:										NA S	NA	s	NA	s		
a. Identify spiritual needs of patient (Noticing).										NA S	NA	s	NA	s		
b. Identify cultural factors that influence healthcare (Noticing).							s	NA	S	S	NA	s	NA	s		
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							s	NA	S	S	NA	s	NA	s		
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							s	NA	S	S	NA	s	NA	s		
Faculty/TA Initials		NS					SA	CB	CB	BL	BL	BL	BL			
Clinical Location; Patient age**		Meditech Orientation					3T 61	N/A	N/A	3T 67 years		3T 95 years		3T 63 years		

* 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(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, laboratory results, and diagnostic tests. 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).							NS S	NA	S	S	NA	s	NA	s		
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	NA	s	NA	s		
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	NA	s	NA	s		
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	NA	s	NA	s		
e. Collect the nutritional data of assigned patient (Noticing).										NA	NA	s	NA	s		
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										NA	NA	s	NA	NA		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										S	NA	s	NA	s		
Faculty/TA Initials		NS					SA	CB	CB	BL	BL	BL	BL			

Week 11-1(d) Excellent work this week applying your critical thinking and clinical judgment skills to determine your patient's priority problem. Remember to include your patient's clinical location and age in the appropriate box each week you have clinical. BL

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

Comments:

Week 7(2a,b): Keely, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. I changed your “NI” to a “S” as you did fine with your assessment, give yourself some grace as this was your first real live assessment! 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. Continue practicing and building your confidence—you have a strong foundation, and with each experience, your skills will become more natural and self-assured. 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:							NI	NA	S	S	NA	s	NA	s		
a. Receive report at beginning of shift from assigned nurse (Noticing).							S	NA	S	S	NA	s	NA	s		
b. Hand off (report) pertinent, current information to the next provider of care (Responding).										S	NA	s	NA	s		
c. Use appropriate medical terminology in verbal and written communication (Responding).							S	NA	S	S	NA	s	NA	s		
d. Report promptly and accurately any change in the status of the patient (Responding).							S	NA	S	S	NA	s	NA	s		
e. Communicate effectively with patients and families (Responding).							S	NA	S	S	NA	s	NA	s		
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							S	NA	S	S	NA	s	NA	s		
Faculty/TA Initials		NS					SA	CB	CB	BL	BL	BL	BL			

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7(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. I changed your “NI” to a “S” as you did great getting report from the primary bed side nurse after she took hand off report! SA

Week 9-3(e,f) Great job this week communicating with your patient, his family, and other members of the health care team. BL

Week 11-3(a) Great job receiving report from the night shift RN this week. Moving forward, focus on becoming more comfortable using a standardized report sheet instead of a blank piece of paper. Using a structured tool will help improve organization, accuracy, and efficiency in communication, which are key skills in professional nursing practice. It's normal for report to feel overwhelming or confusing at this stage, but with continued practice, using the standardized sheet will become much easier and more intuitive. 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:									S							
a. Document vital signs and head to toe assessment according to policy (Responding).							S	NA	S	NA	s	NA	s			
b. Document the patient response to nursing care provided (Responding).							NA	NA	N/A	NA S	NA	s	NA	s		
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		s					S	NA	S	NA	s	NA	s			
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		s							S	NA	NA	na	NA	s		
e. Provide basic patient education with accurate electronic documentation (Responding).										NA	NA	Na S	NA	s		
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S NI	NA	NI	S	NA	S NI	NA	s		
*Week 2 –Meditech Orientation		NS					SA	CB	CB	BL	BL	BL	BL			
Faculty/TA Initials																

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

Comments:

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient’s EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB/BL

Week 7(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. You completed your first cdg, meeting most requirements per the grading rubric. I changed 4f to "NI" as your in-text citation did not capitalize the author's last name, but other than that great postings! SA

Week 9-4(a,b) Overall, you did a great job with your documentation this week. For your vital signs, just be sure to double-check that all measurements are entered before saving, as this was one area that needed multiple edits. Paying close attention to these details will help ensure your documentation is accurate and complete. 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) 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

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:									S							
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							S	NA	S	NA	s	NA	s			
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	na	S	NA	s	NA	s			
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA	s	NA	s			
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	NA	Na S	NA	s			
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	NA	s	NA	s			
f. Manages hygiene needs of assigned patient (Responding).									S	NA	s	NA	s			
g. Demonstrate appropriate skill with wound care (Responding).										NA	na	NA	NA			
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							S	NA	S							
Faculty/TA Initials		NS					SA	CB	CB	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: Pull outside of room 3020, fire extinguisher beside room 3027, Thank you! SA

Week 7(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) Great job utilizing proper body mechanics this week 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. Nice job! You also showed noticeable improvement in time management this week, particularly with documentation. Keep up all of your hard work! 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).										NA S	NA	s	NA	s		
Faculty/TA Initials		NS							CB	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	s		
b. Recognize patient drug allergies (Interpreting).													NA	s		
c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).													NA	s		
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).													NA	s		
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).													NA	s		
f. Assess the patient response to PRN medications (Responding).													NA	s		
g. Demonstrate medication administration documentation appropriately using BMV (Responding).													Na S	NA	s	
*Week 11: BMV																
Faculty/TA Initials		NS							CB				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:									S	S	NA	s	NA	s		
a. Reflect on areas of strength** (Reflecting)							S	NA	S	S	NA	s	NA	s		
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							S	NA	S	S	NA	S NI	NA	s		
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S	S	NA	s	NA	s		
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).							S	NA	S	S	NA	s	NA	s		
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions (Responding).							S	NA	S	S	NA	s	NA	s		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	S	NA	s	NA	s		
g. Comply with patient’s Bill of Rights (Responding).							S	NA	S	S	NA	s	NA	s		
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							S	NA	S	S	NA	s	NA	s		
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	S	NA	s	NA	s		
Faculty/TA Initials		NS					SA	CB	CB	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:

A weakness for me is I am having a hard time with severe anxiety since I have never worked in a hospital at the bedside. I will continue to review the class material which will hopefully help me to feel a little less anxious going into the next clinical. A strength for me would be that I surprised myself with my ability to come in the patient’s room and find things that we could talk about that build a small connection. It can be overwhelming going from a “practice” setting to the live one! As you continue to

attend clinical, hopefully you will get more comfortable with your surroundings! A suggestion would be to review your checklist the night before and talk it through or practice on friends or family. Good job pushing through the day and overall having a great first clinical!

Week 7(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 strength for me this week would be that during this clinical experience, I noticed that I had less anxiety when performing my nursing skills and interacting with patients. I felt more comfortable applying my knowledge in real life situations. **Great job, Keely! You did an excellent job in clinical this week. The more practice and experience you gain, the more comfortable and confident you will become—trust in yourself and all that you have learned. I also want to commend you for consistently seeking opportunities to learn while in clinical, as this dedication will continue to strengthen your nursing knowledge and skills. Keep up all the great work! BL** A weakness this week would be that although my anxiety has decreased, I recognize that I still need to be more confident. At times I second-guess myself or hesitate which can slow down my performance. I plan on building confidence through continued practice, preparation, and seeking feedback from my instructors. **It's great that you are self-aware and able to recognize areas for growth, such as building confidence. Remember, some hesitation is normal when you're learning, and it will decrease with practice and preparation. Keep practicing your skills—you will become more confident and efficient in your performance over time. BL**

Week 11 – A strength for me this week is that I continue to feel more comfortable and confident during clinical both with dealing with the patients and performing the skills. **Great job, Keely! Your increased confidence and overall comfort level did not go unnoticed this week. You cared for a more complex patient and did an excellent job managing their needs. BL** A weakness for me this week would be getting intimidated by patients with more complex issues. **It's completely normal to feel intimidated by patients with more complex issues, especially early in your clinical experience. With continued practice, your confidence and comfort level will naturally increase. Each patient you care for is an opportunity to build your skills and strengthen your clinical judgment. BL**

Week 11-8(b) This competency was changed to an “NI” for this week because you did not include a plan for improvement with your area of self-growth. Remember, it's important to include a detailed plan outlining how you will work on each area you recognize as needing improvement. If you have any questions or need guidance, please don't hesitate to reach out. BL

Week 13 - I think a strength for me this week was doing a better job of taking report using the SBAR sheet instead of just writing it on a piece of paper. A weakness for me this week is getting overwhelmed with time management. At times I focus too long on one task and fall behind on others. I'm improving this by prioritizing tasks and using a quick mental checklist to stay organized.

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/17/2025 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time by 11/24/2025 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		

Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <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: Keely Glaze-Harpster					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation <small>*(Refer to LCJR)</small>	Faculty Initials	Remediation Date/Evaluation/Initials
Date: 11/4/25 or 11/11/25	Simulation #1 (2,3,5,8) *	Scenario	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): Keely Harpster (M)

GROUP #: 1

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/4/2025 1030-1130

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>Sought information on how patient slept overnight. Asked further questions regarding difficulty sleeping</p> <p>Focused observation on vital signs. Noticed temp of 99.2, noticed HR 80, noticed BP 130/74, Noticed RR 20, noticed Spo2 of 89% on RA.</p> <p>Noticed shortness of breath. Asked patient about symptoms of SOB.</p> <p>Noticed yellow sputum in the tissues. Asked the patient further questions regarding sputum characteristics. Asked about antibiotic use.</p> <p>Noticed abnormal lungs sounds, identified as wheezing (set as crackles)</p> <p>Noticed reddened heels.</p> <p>Med nurse introduced herself when entering the room.</p> <p>Identified patient with name and DOB, compared with wristband prior to medication administration. Remember to ask about allergies prior to med administration.</p> <p>Noticed reddened heels.</p> <p>Identified patient with name and DOB, compared with wristband when entering the room.</p> <p>Identified patient with name and DOB, compared with wristband prior to medication administration.</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>Prioritized vital signs when entering the room</p> <p>Prioritized Spo2 when noticing Spo2 of 89% on RA</p> <p>Prioritized oxygen administration 2L per NC. Prioritized raising HOB for shortness of breath and cough.</p> <p>Made sense of provider's orders for oxygen.</p> <p>Focused assessment on lungs after intervention for low Spo2.</p> <p>Prioritized elevating heels with pillows after noticing redness to the heels.</p> <p>Made sense of adventitious lung sounds related to pneumonia (identified wheezes instead of crackles)</p> <p>Did not make sense of MAR with inhaler already being administered per RT.</p> <p>Made sense of it being a PRN medication for shortness of breath.</p> <p>Did not make sense of HS medication order (Lotensin) initially. When prompted by the patient, made sense of MAR and HS administration, prevented med error.</p> <p>Made sense of PRN guaifenesin for cough. Asked patient if she thought she needed it (information seeking).</p> <p>Made sense of not crushing or chewing guaifenesin.</p> <p>Made sense of AM medications to be administered and identified correct indication for the patient.</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 B 	<p>Introduced self and role when entering the room. Med nurse introduced herself when entering the room. Identified patient with name and DOB, compared with wristband prior to medication administration. Raised the bed for proper body mechanics. Remember to lower the side rail. Elevated HOB for patient's cough. Good teamwork to locate the oxygen tubing. Good communication with the patient throughout the assessment and medication administration. Established rapport. Strong teamwork and collaboration throughout. Roles clearly defined. Manual pulse obtained, temperature obtained, RR obtained, BP obtained, Spo2 obtained. Offered water for patient's cough HEENT assessment performed. Asked additional questions related to HEENT assessment. PERRLA noted. Remember to ask orientation questions and numbness/tingling for neuro assessment. Skin turgor assessed Asked additional questions for resp assessment (chest pain, tightness, etc) Initiated oxygen therapy at 2L per nc. Educated patient on use of oxygen and plan of care. Good focused respiratory assessment. Listened anteriorly, laterally and posteriorly. Abdominal assessment performed. Asked about N/V. Looked first, auscultated second, palpated last. Remember to ask about last BM. Remember to ask neuro questions for orientation. Assessed ROM in upper extremities. Assessed skin on the upper extremities. Assessed cap refill. Assessed grip strength. Assessed for edema in the lower extremities. Assessed GU system, asked patient about any symptoms. Remember to ask about urination pattern. Cap refill assessed in lower extremities., assessed push/pull. Assessed pulses in bilat. Lower extremities. Assessed skin on the heels. Asked about assistive devices. Educated on water intake and the use of incentive spirometry for breathing. Educated on multivitamin to be administered. Educated on atorvastatin for cholesterol. Used BMV scanner to scan medications. Remember to ask about allergies prior to medication administration. Corrected self with HS medication when prompted by the patient. Elevated HOB for medication administration safety. Provided water for pills. Educated on potential side effects of medications. Revaluated oxygen and resp. status after O2 administration.</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>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. 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.</p>

<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 seven 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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. 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: Keely Glaze-Harpster

Comments:

Week 1 (Technology Lab): During this lab you were able to satisfactorily navigate:

Skills Lab Competency Evaluation	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: 9/18/2025 9/18/2025	Date: 9/24/2025	Date: 10/1/2025	Date: 10/8/2025	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	HS	HS	NS	NS	AR	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**

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 124/64, and you recorded it as 120/62—within the acceptable range for accuracy. The second measurement was set at 100/60, and you interpreted it as 98/60, 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.” Overall, your documentation was well done; however, you omitted the pulse rate (84) and the oxygen flow rate (2L). 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):

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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): Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 2 prompts related to assessing the sensation of extremities for presence of numbness, tingling, or burning, and asking the patient about the last bowel movement and usual bowel habits. You demonstrated friendly, professional, and informative communication. You were able to correctly identify the lung sounds as wheezing. Great job!

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-** omitted pain rating of 9; documented radiation LUE instead of back.
- **Vital signs-** Documentation complete and accurate.
- **Safety-** Documentation complete and accurate.
- **Physical reassessment-** HEENT- omitted documentation related to bilateral eyes. Respiratory- omitted expiratory diminished lung sounds for right posterior lower lobe. Cardiovascular- omitted edema note- toes to knee bil. and the entire left upper extremity. Gastrointestinal- omitted use of daily bowel movements aids used.

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 health care worker and the patient. Great job with active participation throughout the duration of the lab. HS

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):

Great 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. During insertion and removal, you did not require any prompts, well done! Only one prompt was required during irrigation related to rinsing and labeling the equipment used (good for 24 hours). You were able to verbalize understanding of the difference between irrigation and flushing. 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. Keep up the hard work! NS

Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):

You did a great 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 were able to remind yourself to assess for allergies to iodine or latex prior to insertion. You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. 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 great work! NS

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical reassessment, 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. You did reach over the open sterile supplies twice however you recognized this and verbalized what you would do if this happened. In addition, you were able to remind yourself to identify the patient and utilize a water proof pad. 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! AR

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: _____