

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jenna Bauman

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty/Teaching Assistant's Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS
Heather Schwerer			HS
Brittany Lombardi			BL

Stacia Atkins	SA
---------------	----

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify spiritual needs of patient (Noticing).										S	N/A	S	N/A	S	N/A	
b. Identify cultural factors that influence healthcare (Noticing).										S	N/A	S	N/A	S	N/A	
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S	N/A	S	N/A	S	N/A	
Faculty/TA Initials		NS					CB	CB	CB	NS	NS	NS	NS	NS		
Clinical Location; Patient age**		Meditech Orientation					3T ;85	NA	N/A	4N ;77	N/A	4N ; 81, 74	N/A	4N ; 85	N/A	

* End-of-Program Student Learning Outcomes

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

****Document your clinical location and patient age in the designated box above.**

Comments:

Week 7(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 you able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9 2(c,d) – You did a really nice job this week coordinating your care effectively while also respecting the patient's preference, values, and needs. It was very evident that you have a kind-hearted nature and presence about you. During the times in the patient's room, I could tell that you were able to develop a rapport so that he felt

comfortable in your care. You recognized the pain and discomfort he was in related to his back surgery, and coordinated your care with that in mind to promote comfort. You were able to use Maslow's as a guiding framework for your care, focusing on his physiological needs first through assessment, vital sign obtainment, and treatment of pain. You then focused on promote safety by initiating safety precautions. You also helped meet his psychosocial needs through communication, promoting self-esteem through setting him up with hygiene care, and including his significant other in the process. Very well done! NS

Week 11 2(a) – You had the opportunity this week to identify the spiritual needs of your patient on day 2. You provided her time and privacy while she met with the clergy member to do communion without interrupting for patient care. Allowing patient's the time to address their spiritual needs while also managing your time and care is essential to treating patient's holistically. I also noticed that while in the room she was reading her Bible after her acute medical episode. Great job ensuring that her spiritual needs were met throughout the day! NS

Week 13 1(a-d) – You did a nice job this week coordinating your care for a complex patient this week. His month-long hospital admission and various medical problems required prioritization on your part. You were able to coordinate care effectively this week in numerous areas to help meet his needs. You met his physiological needs through assessment and implementation of various interventions. Physiologically, you prioritized repositioning related to his unstable pressure injury, catheter care for his chronic indwelling urinary catheter, stoma/ostomy care, skin care related to his fluid retention, and overall well-being. You also ensured safe medication administration related to his swallowing by administering them in pudding to prevent aspiration. You provided good communication and support throughout your care. Careful attention was noted for his self-esteem related to his ostomy, providing dignity and respect when assessing and assisting with emptying his bag. NS

Objective																
1. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	N/A	S	N/A	S	N/A	
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	N/A	S	N/A	S	N/A	
e. Collect the nutritional data of assigned patient (Noticing).										S	N/A	S	N/A	S	N/A	
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										NA	N/A	N/A	N/A	N/A	N/A	
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										S	N/A	S	N/A	S	N/A	
Faculty/TA Initials		NS					CB	CB	CB	NS	NS	NS	NS	NS		

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7(2a,b): Great job this week performing your first head to toe assessment on a real patient. You performed a systematic head to toe and retrieved all vital signs within a timely manner. CB

Week 9 2(a) – Good work with your head-to-toe assessment this week. With each experience you will continue to gain more comfort in identifying normal vs. abnormal. This week you were able to note numerous deviations from normal and were very thorough in your documentation. You noticed abnormal HEENT assessment findings, noting visual impairment with the use of glasses, limited vision in the left eye, and dry lips. You also noticed abnormal respiratory findings, including shortness of breath on exertion, accessory muscle use, and grunting, which you interpreted as being related to pain from his recent back surgery. Neurologically you noticed dizziness, restlessness, unreactive left pupil which was compared to a reactive right pupil, and tingling in the left foot. As a result of his recent back surgery, you noticed the need for an assistance device and back pain. For the integumentary system, you noticed a surgical incision that was covered with a dressing. In the GI assessment, you noticed an irregular bowel pattern. Great job! NS

Week 9 2(b) – Good job obtaining accurate vital sign measurements. When assessing vital signs, you noticed a decreased Spo2 (90%) on RA. You interpreted this as abnormal and notified the assigned RN. You implemented nursing measures, such as encouraging coughing and deep breathing, use of the incentive spirometer, and pain management to improve his oxygenation. You also interpreted his history of OSA and not using a CPAP machine overnight as a possible cause of his lower oxygen levels. Great thought process! NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 11 indicating a high fall risk. You did well to explain the factors that led to the score and described nursing measures that were implemented to promote safety. Good job recognizing that fall precautions were not in place. You responded by implementing the necessary precautions and discussing the potential implications of not ensuring these measures were in place. Nice job promoting safety for your patient! NS

Week 11 2(a) – Your assessment skills continue to improve with each experience. I have noticed on numerous occasions the thoroughness of your assessments, well done! You are noticing abnormalities, interpreting the findings, and responding appropriately. NS

Week 11 2(e) – Great job identifying and discussing your patient's nutritional status this week in your CDG. You were able to collect information regarding your patient's intake. On day 2, your patient was prescribed a clear liquid diet that was to be advanced as tolerated. You assessed your patient's appetite and tolerance of the clear liquid diet during breakfast and advocated for her diet to be increased due to her improvement. NS

Week 11 2(g) – Good job discussing your patient's xray results prior to her back surgery. You were able to correlate the findings with the priority nursing care to be performed related to her mobility. Great work reviewing the surgeon's operative notes and discussing the implications. NS

Week 13 2(A) – Nice job with your assessment this week, noticing numerous deviations from normal on a complex patient. You were able to identify pitting edema in the lower extremities that resulted in difficulty palpating the pedal pulses. Experience was gained utilizing a doppler to locate the pulses, noting irregularity which was contributed to his history of afib. You were also able to note a healthy appearing stoma from recent bowel diversion surgery and observed the characteristics of his stool output. Lastly, you were able to identify adventitious lung sounds upon auscultation. You promptly found your faculty member to confirm your findings, which were accurate, well done! (d) you also carefully assessed his skin, noting saturation to the coccyx wound dressing. You were able to observe the surrounding skin, noting bleeding, redness, and skin tears to the wound bed edges. (g) – you were able to discuss and identify nursing implications for various abnormal diagnostic findings. Great job using your clinical judgement in our discussions. NS

Objective																
2. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:									S	S	N/A	S	N/A	S	N/A	
a. Receive report at beginning of shift from assigned nurse (Noticing).							S	NA								
b. Hand off (report) pertinent, current information to the next provider of care (Responding).										S	N/A	S	N/A	S	N/A	
c. Use appropriate medical terminology in verbal and written communication (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
d. Report promptly and accurately any change in the status of the patient (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
e. Communicate effectively with patients and families (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
		NS					CB	CB	CB	NS	NS	NS	NS	NS		
Faculty/TA Initials																

* 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 abnormal findings, and communicating effectively with your staff RN. CB

Week 9 3(d,e,f) – You did an excellent job this week communicating with your patient, the assigned RN, your peers, and other members of the health care team. You were actively engaged in his plan of care, and you were able to observe other health care professionals in their roles. You were clearly able to develop a rapport with your patient through communication, and I think it was very kind of you to want to thank him and say good bye prior to leaving the floor. You promptly reported the low SpO2 levels and pain levels to the assigned RN so that he needs were addressed quickly. As a result, you were an active and accountable member of the health care team throughout the day. NS

Week 11 3(d,f) – At the end of your clinical on day 2, you experienced a change in your patient's condition. You responded appropriately to the situation by first noticing the change, assessing in more detail, then promptly got assistance from your peer's and instructor to address the problem. You ensured the patient was transitioned safely to bed, then used the nursing process to further assess and stabilize your patient. Great job responding as an accountable member of the health care team, keeping your composure, and ensuring the safety of your patient. NS

Week 11 3(e) – You have a unique ability to communicate and connect with your patient's. This was on full display this week as I could tell the comfort level that your patient had with you in the room. You made such a positive impact on your patient that she even gave you a hug at the end of the day. These are moments you will always remember throughout your career, very cool! NS

Week 13 3(f) – You were able to accompany your patient to inpatient dialysis this week to learn more about the process of dialysis. While attending, you actively listened and asked appropriate questions related to dialysis with the nurses in that department. Prior to dialysis, you discussed important nursing considerations and interventions to perform, such as obtaining an accurate daily weight for proper dialysis treatment. You also discussed medications to be held/administered prior to a dialysis treatment. The role of the bedside nurse to be accountable for accurate information prior to dialysis is essential. NS

Objective																
3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:									S							
a. Document vital signs and head to toe assessment according to policy (Responding).							S	NA	S		N/A	S	N/A	S	N/A	
b. Document the patient response to nursing care provided (Responding).							S	NA	S		N/A	S	N/A	S	N/A	
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	NA	S		N/A	S	N/A	S	N/A	
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S		N/A	S	N/A	S	N/A	
e. Provide basic patient education with accurate electronic documentation (Responding).									S		N/A	S	N/A	S	N/A	
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S	NA	S		N/A	S	N/A	S NI	N/A	
*Week 2 –Meditech Orientation		NS					CB	CB	CB	NS	NS	NS	NS	NS		
Faculty/TA Initials																

* End-of-Program Student Learning Outcomes

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

Comments:

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

Week 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 all requirements per the grading rubric, excellent job! CB

Week 9 4(a,b,c) – You did very well with your documentation this week. You were thorough, accurate, and asked pertinent questions to clarify any concerns. You were active in your patient’s chart and communicated for findings to the health care team in a timely manner. NS

Week 9 4(f) – As far as responding to the question prompts this week, I thought you did a really nice job demonstrating clinical judgment and understanding of the patient’s situation. I appreciated the details provided that will help your fellow classmates learn from the experience. Refer to my comments back to your initial post and response post for more details. All criteria were met on the CDG grading rubric for a satisfactory evaluation. Well done! NS

Week 11 4(f) – Another job well done with your CDG requirements this week. All criteria were met for a satisfactory evaluation. I have provided more detailed comments in response to your initial and response post to a peer. Keep it up! NS

Week 13 4(f) – You did a great job this week with your CDG post. You were very detailed in describing the patient’s situation to help identify your priority problem. Extensive details were provided when discussing interventions to be completed. Good job using your clinical judgement to answer the CDG prompts. I appreciate the insight provided in your response to Michael. Unfortunately, this competency was changed to “NI” due to your initial post not having an in-text citation. I truly appreciate your accountability by coming to let me know that this was forgotten. This is just a reminder for the future. Another tip for success: in your response to Michael, you wrote, “Skyscape explains....”as your in-text citation. Keep in mind, skyscape is an app that houses numerous textbook resources. Be sure to cite the author of the resource, rather than skyscape itself. Correct in-text citation for your response post would be “Doenges et al (2022) explains....” Otherwise, great job! NS

Objective																
4. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										NA	N/A	S	N/A	S	N/A	
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
f. Manages hygiene needs of assigned patient (Responding).										S	N/A	S	N/A	S	N/A	
g. Demonstrate appropriate skill with wound care (Responding).											N/A	S	N/A	S	N/A	
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							S	NA	S							
Faculty/TA Initials		NS					CB	CB	CB	NS	NS	NS	NS	NS		

* End-of-Program Student Learning Outcomes

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

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

Comments:

Week 7; h.) I located a fire extinguisher and pull station by stairs 2 by room 3010 on floor 3T. CB

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. CB

Week 9 5(d,e,f) – You demonstrated good time management skills this week, completing your nursing measures timely and efficiently. This allowed you the opportunity to experience several learning opportunities throughout the day. I was impressed with your level of detail in your assessment, noticing the use of range of motion exercises in which your patient seemed to really enjoy. You were also able to encourage and assist your patient with personal hygiene, ensuring that he was about to brush his teeth at the sink for good restorative care. NS

Week 11 5(b,c,d) – This week you had the opportunity to perform new skills in the clinical setting. You were tasked with discontinuing a foley catheter on a patient that you were not assigned. You took on this challenge with confidence, and demonstrated competence in the skill. During catheter removal, you maintained aseptic technique, carefully assess the patient prior to removal, and successfully discontinued the catheter without complications. Well done! NS

Week 13 5(b,c,g) – You were able to gain experience this week performing wound care for your patient. When he was getting up to the chair, you noticed bleeding coming from the wound site below the dressing. Measures were taken to remove the saturated dressing and evaluate the wound and surrounding tissue. You noticed areas of skin breakdown around the wound and on his leg. You maintained asepsis in your care for the wound and gained experience applying hydrogel and adaptic to a wound bed and also reinforcing a coccyx wound dressing. Great job maintaining asepsis throughout. (C) you also gained experience in caring for a patient with a indwelling urinary catheter. You were able to help maintain the catheter, ensure patency, and monitored the urine output and characteristics. NS

Objective																
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).										S	N/A	S	N/A	S	S	
Faculty/TA Initials		NS							CB	NS	NS	NS	NS	NS		

* End-of-Program Student Learning Outcomes

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

Comments:

Week 9 6(a) – As I have discussed throughout my comments on your clinical tool and in your CDG post, you demonstrated strong clinical judgement skills throughout the day. You developed a plan of care that was patient-centered based on his needs, and followed up on important assessment data quickly. You correctly identified his impaired mobility as a priority nursing problem related to his recent surgery, pain, and limitations when working with therapy. Good thought process this week! NS

Week 11 6(a) – your improving clinical judgment skills were on fully display this week in caring for your patients. You were able to recognize change, assess the patient, and respond appropriately. For your patient on day 2, you were able to use these skills to identify her priority nursing problem as being impaired mobility related to her recent spine surgery and difficulty ambulating. You also identified acute pain as a priority problem related to her 8/10 back pain from surgery the previous day. Nice job in our discussions putting the pieces together and demonstrating improvement in your understanding your patient's as a whole. NS

Week 13 6(a) – Great job identifying your patient's priority nursing problem and discussing the supporting details and nursing interventions to be performed. Based on your patient care experience, you appropriately identified impaired skin integrity as your priority problem based on his unstageable coccyx ulcer and subsequent infection. You demonstrated good nursing judgement in our discussed and reflected your thoughts well throughout your CDG response. NS

Objective																
6. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).													N/A	S	N/A	
b. Recognize patient drug allergies (Interpreting).													N/A	S	N/A	
c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).													N/A	S	N/A	
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).													N/A	S	N/A	
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).													N/A	S NA	N/A	
f. Assess the patient response to PRN medications (Responding).													N/A	S NA	N/A	
g. Demonstrate medication administration documentation appropriately using BMV (Responding).												S	N/A	S	N/A	
*Week 11: BMV Faculty/TA Initials		NS							CB	NS	NS	NS	NS	NS		

* End-of-Program Student Learning Outcomes

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

Comments:

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

Week 13 7a-g) – Overall, you had a successful and safe first medication administration experience. You were able to gain experience administering several oral medications that were prescribed to your patient and administered a subcutaneous injection. You were able to tell me the 7 rights of medication administration, performed three safety checks, and accurately utilized the BMV scanner to ensure safety. You noted and assessed that your patient did not have any medication allergies listed. In discussing each medication, you were able to identify the therapeutic and pharmacological classification, generic and brand name, indication specific to the patient, pertinent adverse reactions/side effects, and nursing assessments to be performed prior to administration. You identified that your patient's blood pressure had been low during initial assessment of vital signs. As a result, you used your nursing judgement to discuss the patient's anti-hypertensive medication that was prescribed, ensuring that his blood pressure had stabilized and was re-assessed prior to administration. After noting improvement in the blood pressure, you were able to appropriately administer the medication safely. Competency e and f were changed to "NA" because your patient did not require any PRN medications during your med administration experience. Good work! Medications were administered safely with the use of pudding to help facilitate swallowing and prevention of aspiration. Nice job with your first med administration experience! NS

Objective																
2. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Reflect on areas of strength** (Reflecting)							S	NA	S	S	N/A	S	N/A	S	N/A	
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							S	NA	S	S	N/A	S	N/A	S	N/A	
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S	S	N/A	S	N/A	S	N/A	
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
g. Comply with patient's Bill of Rights (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							S	NA	S	S	N/A	S	N/A	S	N/A	
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	S	N/A	S	N/A	S	N/A	
Faculty/TA Initials		NS					CB	CB	CB	NS	NS	NS	NS	NS		

* 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; a.) I felt that I showed areas of strength when communicating with the patient and making sure they felt comfortable throughout the assessments.

Week 7; b.) I felt that some areas in which I could improve would be walking confidently into the patient's room. For the first time, I was very nervous and had a faculty member walk in with me. Next time, I will improve by going into the patient's room and introducing myself. I also think I needed room for improvement by completing all areas of the head-to-toe assessment. There were some steps that I forgot, like checking for all the patient's pulses, such as the brachial pulse, dorsalis pedis pulse, and posterior tibial pulse. When in her condition, it would have been helpful in her charting. To improve on this, I will practice a head-to-toe assessment on three members of my family to improve my skills. Jenna, you did a great job on your head to toe assessment, sometimes nerves get the best of us. You have a great plan in place to help you improve in this area. CB

Week 7(8a,b,d,f,h,i): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. Great job reflecting on your first clinical in your cdg, keep up all of your hard work! CB

Week 9;a) My strength this week was I did a good job communicating with my patient and his wife, who was in the room. I made sure to foam in and out of the room and continuously asked the patient and his visitor for anything they needed. I told the nurse about anything abnormal such as his SPO2 level being 90% and his pain being a 7/10. I think this is an awesome strength to note this week, Jenna! As I mentioned earlier in the tool, you have a very kind and natural approach to your communication. This will certainly be an asset to you throughout your time as a student and in your career. Great job! NS

Week 9; b) My weakness this week was that I spent a lot of time on documentation for the head-to-toe assessment in the patient's room. I'm going to pay more attention to my documenting because I documented some stuff wrong and I didn't read what the whole parts of each section listed. Good use of reflection this week! Remember, you are still learning and this is only the second time you have documented on a real patient. Overall I thought you did a nice job and you were receptive to feedback. Keep up the hard work! NS

Week 11 (8; a) My strength for this week would be accurate and efficient clinical assessments. I had a patient who was very good at communicating so I felt very comfortable with asking her questions about her health throughout the day. Awesome, Jenna! I am happy to hear that you are increasing your confidence in performing assessments. As I noted previously in your tool, in the opportunities I have had to witness part of your assessments, I can tell you really are focused on close attention to detail and are thorough in your work. Having a patient that is able and willing to communicate with you will provide excellent opportunities to assess in more detail. Based on your charting and our discussions, I completely agree with your identified strengths! NS

Week 11 (8;b) My weakness for this week was second-guessing decisions even though I was correct. For example, the patient asked if her husband could bring her a latte from McDonalds. She went from a clear liquid diet to advance as tolerated. I knew that she could have this, but I went and double-checked with my clinical instructor first. My plan for improvement would be trusting my knowledge during my next clinical. Good thoughts! Always trust your instincts. Confidence comes with time, but I hope you are seeing the positives you are showing each clinical experience. You are demonstrating a strong desire and willingness to learn. It never hurts to ask questions to clarify your thoughts. Trust yourself, you're doing great! NS

Week 13 (8;a) My strengths for this week was communication with my patient and having strong assessment skills. I felt more confident in clinical going into the patient's room and having a conversation with them and wasn't hesitant to dig deeper on his overall health. I also did a good job on noticing wheezes in his lungs which I haven't heard on a patient yet. I also put up fall precautions because my patient was a high fall risk, and I also got my patient bigger socks because his were too small from the amount of edema he had in his legs. This patient had a lot of complex medical issues such as a colostomy, indwelling foley catheter, significant edema, and a sacral wound. I made sure he was comfortable throughout the day and got help from others when needed. Such as moving this patient from the bed to the chair and assessing his wound when he stood up. Awesome, Jenna! You were presented with a challenging patient this week that had numerous deviations from normal. You took on this challenge and conducted a very thorough assessment, noticing these abnormal findings and discussing them with me. Great job responding to your patient's edema by getting larger socks, this is an important nursing consideration to promote circulation and prevent skin breakdown. It sounds like this was a beneficial learning experience for you, great job! NS

Week 13 (8;b) My weakness for this week was learning how to prioritize tasks. Especially because my patient had a lot of complex needs, I sometimes wasn't sure which tasks needed more immediate attention than others. I sometimes spent more time on less urgent tasks before addressing more important ones. Improving my prioritization skills will help me deliver safer and more effective care. My plan for improvement would be using the ABC's to create a quick plan at the beginning of my next clinical.

Good reflection! You also had numerous interruptions that can make it difficult to prioritize your thoughts and care. Overall, I thought you did a great job with him and I know he very much appreciated the care that you provided. Keep up the hard work! NS

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
10/30/2025	Acute Pain	*S/NS	*NA

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: Jenna Bauman				Course 6			Objective:
Date or Clinical Week: Week 11							
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)	3	A thorough list of 12 assessment findings are provided, including both objective and subjective data. Listed findings were detailed, specific, and relevant to the patient care experience. Great job including additional findings that occurred at the end of your clinical shift demonstrating a change in patient status. Two abnormal lab values are identified and one abnormal diagnostic test is listed. All other lab results were within normal limits, so this is appropriate. Risk factors were identified based on the patient’s current and past medical history. Additional risk factors such as age are also included. Nice job!
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Five nursing priorities are identified based on the patient care experience, all relevant to the situation following her recent back surgery. Based on the findings from the noticing section, acute pain is appropriately identified as the top priority problem related to her 8/10 back pain following surgery. An excellent S.M.A.R.T. goal is identified and is directly related to the priority problem of acute pain. This goal is realistic and achievable given her situation. All relevant data from the noticing section is appropriately highlighted as it relates to the acute pain. Three potential complications are listed relating to the top priority problem. Each listed complication is relevant to the situation and patient care experience. Just an FYI for future care maps, you do not have to highlight anything in the potential complications box as they are directly relating to the top priority problem.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

							Specific signs and symptoms are listed to monitor for complications occurring.
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A detailed list of 14 nursing interventions is provided, each relating to the acute pain. Interventions listed are prioritized appropriately with assessment interventions taking highest priority. Only one of the listed interventions includes a frequency to be completed. Be sure to include a frequency with each listed intervention. For example, "Assess patients' pain and perform a thorough pain assessment Q4H and PRN", "Assess patients' vitals and circulation Q4H", "Educate on incentive spirometry BID". These are just examples of frequencies. Each listed intervention is individualized to the patient care experience and are realistic to the specific patient.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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	3	Rationale is provided for each listed intervention.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	Some re-assessment findings based on your last patient encounter are listed. Be sure to include a re-assessment of all abnormal findings from the noticing section. For example, you did not list a re-assessment of the numbness and tingling, unsteady gait, use of a walker with one assist, oxygen status, and wound dressing status. Based on your re-assessment and evaluation, you appropriately determined the need to continue the plan of care.
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

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*

Total Points: 42/45 – Satisfactory

< 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: Jenna, overall you did a very nice job with your first care map assignment. You were thorough in your data collection and identified pertinent nursing priorities for your patient. Be sure to review my feedback for future success with care maps and don't hesitate to reach out for any clarification. It appears that you were able to utilize your clinical judgement in understanding the plan of care for a patient with acute pain following back surgery. Great job identifying potential complications and interventions for her plan of care. Keep up the hard work!

Faculty/Teaching Assistant Initials: NS

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2025
Simulation Evaluations

Student Name:					
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	NS	NA
		Survey	S	NS	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): Jenna Bauman (M), Alivia West (A)

GROUP #: 3

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/4/2025 1230-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
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	Identified name and DOB and compared with wristband. Noticed Spo2 of 88% on RA when entering the room. Asked patient how she was feeling related to low Spo2. Noticed patient's cough. Noticed yellow sputum in tissues. Asked about production and characteristics related to persistent cough. Focused observation on vital signs. Noticed BP 129/73, temp 99.2, HR 82, RR 20, Spo2 94% on 2L. Asked patient about pain, reported 0/10. Focused observation on respiratory status. Noticed adventitious lungs sounds (crackles). Noticed fall at home. Asked further questions. Good information seeking. Asked about shortness of breath with exertion. Noticed reddened heels when prompted by the patient c/o soreness. Noticed high fall risk and lack of precautions in place. Sought information on use of herbal supplements. Med nurse identified self when entering the room. Confirmed name and DOB prior to medication administration. Assessed allergies prior to medication administration. Asked patient about knowledge of medications prior to administration.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized vital sign assessment when entering the room Prioritized focused respiratory assessment with low Spo2 and head to toe assessment for information gathering. Prioritized offloading heel pressure when noticing redness/discomfort. Made sense of provider orders for oxygen. Prioritized low Spo2 by initiating oxygen at 2L. Made sense of crackles related to fluid from pneumonia. Made sense of MAR and medications to be administered. Made sense of HS medications not to be administered. Made sense of PRN medications available and indications. Made sense of inhaler and antibiotic already administered by RT and RN.
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	Introduced self and role when entering the room Responded to low Spo2 by initiating oxygen at 2L per NC per provider orders. Good communication with patient regarding low Spo2 and need for oxygen therapy. Evaluated patient response to the oxygen administration. HOB elevated for shortness of breath and cough. Re-evaluated Spo2 to determine effectiveness of oxygen administration. Communicated results of vital signs to the patient. Bed raised for proper body mechanics. HEENT assessment performed. Asked additional questions. Neuro assessment performed (smiled, orientation questions). PERRLA noted. Remember to ask about numbness/tingling. Skin turgor assessed.

	Heart sounds auscultated, Lung sounds auscultated anteriorly, laterally and posteriorly. Cardiovascular assessment performed comparing pulses bilaterally in upper extremities. Assessed skin and moisture in upper extremities. Assessed ROM and grip strength. GI assessment performed, Looked, listened, palpated. Asked about last BM. Asked about characteristics and normal pattern. GU assessment performed. Assessed for symptoms, asked about urine characteristics. Good communication with the patient throughout assessment. Lower extremities assessed for temperature, edema, moisture. Pulses assessed bilaterally. Push/pull assessed. Returned to assess cap refill after discussing with med nurse. Remember to look at dependent areas for pressure (heels). Did not notice redness to the heels initially. (discussed in debriefing, student stated she noticed the redness but wasn't sure if that was a part of the manikin or the scenario). Good communication and collaboration between the med nurse and assessment nurse throughout. Initiated fall precautions and educated patient on the risk of falls. Offloaded pressure on the heels with pillows Educated patient on medications to be administered. Assessed allergies prior to administration. Used BMV scanner for med safety. Asked patient about swallowing ability with meds. Elevated HOB for med administration. Educated on indications for each medication to be administered. Excellent teamwork and collaboration throughout.
REFLECTING: (1,2,4,5,6,8) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	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.
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 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) *	Lasater Clinical Judgement Rubric Comments: 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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. 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: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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. 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. Satisfactory Completion of NF Simulation #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: 8/27/2025	Date: 9/4/2025	Date: 9/11/2025	Date: 9/16/2025 9/18/2025	Date: 9/23/2025	Date: 9/30/2025	Date: 10/7/2025 10/9/2025	Date: 10/14/2025	Date: 10/21/2025	Date: 10/28/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	AR	HS	CB	AR	CB	FB	FB	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

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

Student Name: Jenna Bauman

Comments:

Week 1 (Technology Lab):

During this lab you were able to satisfactorily navigate:

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

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

During lab this week you were able to satisfactorily demonstrate:

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

Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! HS

Week 3 (Vital Signs):

Excellent work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature (Tempa Dot), radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of two blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 112/60 and you identified it as 112/64. The second measurement was set at 142/74 and you identified it as 144/78. Both blood pressure results were within the parameter. Great job! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. Prior to completing the observation, reminded yourself to identify the patient with name and date of birth. Two prompts were required during verbalization of the orthostatic vital signs process, related to the correct amount of time to wait prior to/after changing position. You did a great job with your first Meditech documentation, however you omitted “oral” for temperature, and did not link a nursing note as instructed. The remainder of your documentation was accurate and complete. Keep up the great work!! AR

Week 4 (Assessment):

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

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 1 prompt related to orientation. You demonstrated friendly, professional, and informative communication. 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”; omitting precipitating event “at rest.”
- **Vital signs-** Documentation complete and accurate.
- **Safety-** Documentation complete and accurate.
- **Physical reassessment-** Cardiovascular- omitted left radial, bilateral dorsalis pedis, and right radial pulse methods of palpation; omitted left upper extremity edema documentation; omitted edema note- toes to knee bil. and the entire left upper extremity. Neurological- documented right pupil appearance as round, it should be irregular. Gastrointestinal- omitted use of daily bowel movements aids used; omitted nausea/vomiting duration of 2-3 days.

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. CB

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! AR

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. You did not require any prompts for the insertion, irrigation, or removal of the NG tube. Excellent patient education 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. Keep up the hard work! CB

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 required one prompt placing sterile glove package on a clean surface above waist level during the sterile glove application. You required one prompt for labeling the drainage bag during the Foley catheter insertion. You did not require any prompts for the removal of the catheter. You had very good communication with your “patient”. Great job! You correctly verbalized the differences in catheter insertion for a male patient. 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!!! FB

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! FB

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: _____