

**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) |
|--|-----------------|----------|---------------------|
|  |                 |          |                     |
|  |                 |          |                     |
|  |                 |          |                     |
| <b>Faculty/Teaching Assistant’s Name</b> |                 |          | <b>Initials</b>     |
| 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.**

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| 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 |
| <b>Competencies:</b>  |        |                      |        |        |        |        |               |        |          |               |                    |         |                    |         |                 |       |
| a. Identify spiritual needs of patient (Noticing).  |        |                      |        |        |        |        |               |        |          | S             | S                  | NA      | S                  | NA      | NA              |       |
| b. Identify cultural factors that influence healthcare (Noticing).  |        |                      |        |        |        |        |               |        |          | S             | S                  | NA      | S                  | NA      | NA              |       |
| c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).  |        |                      |        |        |        |        | S             | NA     | S        | S             | S                  | NA      | S                  | NA      | NA              |       |
| d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).                                  |        |                      |        |        |        |        | S             | NA     | S        | S             | S                  | NA      | S                  | NA      | NA              |       |
| <b>Faculty/TA Initials</b>  |        | NS                   |        |        |        |        | SA            | CB     | CB       | NS            | NS                 | NS      | NS                 | NS      |                 |       |
| <b>Clinical Location; Patient age**</b>   |        | Meditech Orientation |        |        |        |        | 3T, pt age 88 | NA     | N/A      | 4N, pt age 80 | 4N, pt age 77 & 83 | NA      | 4N, pt age 87 & 80 | NA      | NA              |       |

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

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

**Comments:**

Week 7(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 did a very nice job this week coordinating your care effectively based on your patient's preference, values, and needs. Due to your patient's injury, he required assistance with ADLs. You were able to coordinate these needs in a timely manner, ensuring his self-esteem was addressed with hygiene care. You noticed some

functional incontinence due to his non-weight bearing status, and used a comforting approach in ensuring he was cleaned up promptly. You also implemented measures at ensuring his physiological and safety needs were met. Well done! (d) you were able to utilize Maslow's as a guiding framework for performing your nursing interventions. You addressed his physiological needs first through careful assessment and vital sign measurement. You also ensured his nutritional needs were met by assessing his intake, noting limited intake which you discovered was a result of him normally only eating two meals per day. You also addressed his self-esteem by assisting with personal hygiene care. Great job! NS

Week 10 1(a) – This week you were able to gain experience in identifying and respecting the spiritual needs of your patient. On day 2, when preparing to administer the prescribed enema, you noticed that the Priest was in the room with your patient. You respected her spirituality and allowed her time to pray with the Priest to address her needs without interrupting. NS

Week 12 1(a-d) – Throughout the week you were able to coordinate your care effectively, ensuring that your patient's physiological needs were met through assessment and implementation of various interventions. On day 2 your patient's pain and comfort were a top priority. You were able to ensure that appropriate assessments were completed timely, then performed interventions such as repositioning and medications to help relieve her pain. Although she was reluctant to have her urinary catheter removed, you met her physiological needs by reducing the risk of infection and promoting normal urinary elimination patterns. 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 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|----------|---------|---------|---------|-----------------|-------|
| <b>Competencies:</b>   |        |        |        |        |        |        |        |        |          |        |          |         |         |         |                 |       |
| a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).                       |        |        |        |        |        |        | S      | NA     | S        | S      | S        | NA      | S       | NA      | NA              |       |
| b. Use correct technique for vital sign measurement (Responding).  |        |        |        |        |        |        | S      | NA     | S        | S      | S        | NA      | S       | NA      | NA              |       |
| c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).  |        |        |        |        |        |        |        |        |          | S      | S        | NA      | S       | NA      | NA              |       |
| d. Conduct a skin risk assessment and institute appropriate precautions (Responding).  |        |        |        |        |        |        |        |        |          | S      | S        | NA      | S       | NA      | NA              |       |
| e. Collect the nutritional data of assigned patient (Noticing).  |        |        |        |        |        |        |        |        |          | S      | S        | NA      | S       | NA      | NA              |       |
| f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).  |        |        |        |        |        |        |        |        |          | N/A    | N/A<br>S | NA      | NA      | NA      | NA              |       |
| g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting). |        |        |        |        |        |        |        |        |          | S      | S        | NA      | S       | NA      | NA              |       |
| <b>Faculty/TA Initials</b>   |        | NS     |        |        |        |        | SA     | 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): McKinley, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. Great job! SA

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. You noticed abnormal HEENT assessment findings, including white patches to the tongue and palate and missing teeth. You noticed abnormal respiratory findings such as shallow and pain with cough. You interpreted this as being related to his three broken ribs and discussed measures to help relieve pain when cough, understanding the important of opening his airway due to his immobility. You also noticed abnormal cardiovascular assessment findings such as delayed cap refill in his left foot, which you interpreted as a result of his lower extremity injury and splint in place. Neurologically, you noticed dizziness and weakness to the left lower extremity as a result of his injury. You noted a leg fracture with use of a splint device, and the use of a cane at home. You noticed his non-weight bearing status due to the fracture. For his integumentary assessment, you noticed coolness to the extremity, and performed a follow up assessment to determine adequate circulation. Overall you did a great job! NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 13 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 9 2(g) – You did a nice job in discussing and identifying abnormal diagnostic findings on your patient. You were able to notice the fracture to his leg upon reviewing the xray, noting the importance of non-weight bearing to prevent further complications. You also were able to discuss the identified rib fractures leading to pain with coughing. You used good clinical judgment in discussing the importance of promoting lung expansion with coughing and deep breathing to prevent respiratory complications. NS

Week 10 2(f) – This competency was changed to “S” because you had the opportunity to care for a patient with an NG tube in place. Although you did not get to insert or discontinue the NG tube (☹️) you still assessed for placement and maintained the NG tube in the clamped position. You gained experience documenting on the gastric tube intervention related to your findings. NS

Week 10 2(g) – You were able to review and discuss the xray findings on your patients this week. With both being admitted for gastrointestinal problems, you were able to correlate the findings of the xray and the implications such as the need for an NG tube, and the need for an enema and digital disimpaction. NS

Week 12 2(d) – You conducted a careful skin assessment this week on both patient’s who were at risk of skin breakdown. On day one, you had the opportunity to assess and perform skin/wound care for a foot abrasion and pressure injury to the coccyx. You noticed that the Mepilex dressing was not intact during your assessment, and identified the Q3D and PRN dressing order for his pressure injury. Experience was gained assessing the area for redness, and applying a new dressing change. You also assessed a foot abrasion, noticing the appearance of the wound bed. Accurate technique was demonstrated following provider’s orders for a daily dressing change of normal saline, hydrogel, and an occlusive band aid. Nice job! NS

| <b>Objective</b>  |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
|---|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---------|---------|---------|---------|-----------------|-------|
| 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 |
| <b>Competencies:</b>  |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
| a. Receive report at beginning of shift from assigned nurse (Noticing).   |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| b. Hand off (report) pertinent, current information to the next provider of care (Responding).                                      |        |        |        |        |        |        |        |        |          | S      | S       | NA      | S       | NA      | NA              |       |
| c. Use appropriate medical terminology in verbal and written communication (Responding).  |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| d. Report promptly and accurately any change in the status of the patient (Responding).   |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| e. Communicate effectively with patients and families (Responding).   |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| f. Participate as an accountable health care team member in the provision of patient centered care (Responding).                    |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| <b>Faculty/TA Initials</b>  |        | NS     |        |        |        |        | SA     | 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(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting all findings, and communicating effectively with your staff RN. SA

Week 9 3(e) – I thought you did an excellent job with communication this week, Kinley! You were actively engaged with your patient, myself, your peers, and other members of the health care team. You were able to establish a rapport with your patient through communication to ensure he felt safe in your care. I appreciate your teamwork and willingness to allow your classmates to assist with transferring and hygiene, very well done! NS

Week 9 3(d,f) – You stayed in communication with the assigned nurse and promptly reported any abnormal findings. You noticed that your patient’s fall precautions were not in place and promptly reported this and ensured that all precautions were initiated for safety. Great job being an accountable member of the health care team! NS

Week 10 3(e) – Communication was a major strength of yours this week as evidenced by the statements made by your patient regarding the care that was provided. It is always nice to get recognized by coworkers, bosses, etc., however, the most meaningful recognition you will experience is compliments from your patients. The fact that your patient made it a point to tell you about the impact you made demonstrates the rapport you were able to develop through strong communication. Well done! NS

Week 12 3(D) – This week during your assessment your patient complained of increasing discomfort in her back. She was admitted for a back surgery and this prompted your to quickly report this information to ensure complications were not occurring. In these instances, I encourage you to look at the patient’s area of complaint and do a full pain assessment. You would have noticed that the patient’s drain tubing was indented into her skin causing the discomfort and it could have been relieved with simple repositioning. However, I am glad that you recognized this as an important finding to report and address in a timely manner. 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 |
|--|--------|--------|--------|--------|--------|--------|---------|--------|----------|--------|---------|---------|---------|---------|-----------------|-------|
| <b>Competencies:</b>   |        |        |        |        |        |        |         |        | S        |        |         |         |         |         |                 |       |
| a. Document vital signs and head to toe assessment according to policy (Responding).                               |        |        |        |        |        |        | S       | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| b. Document the patient response to nursing care provided (Responding).  |        |        |        |        |        |        | S       | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| c. Access medical information of assigned patient in Electronic Medical Record (Responding).*                      |        | S      |        |        |        |        | S       | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*                  |        | S      |        |        |        |        |         |        | S        | S      | NA      | S       | NA      | NA      |                 |       |
| e. Provide basic patient education with accurate electronic documentation (Responding).                            |        |        |        |        |        |        |         |        | S        | S      | NA      | S       | NA      | NA      |                 |       |
| f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection). |        |        |        |        |        |        | S<br>NI | NA     | NI       | S      | S       | NA      | S       | NA      | NA              |       |
| <b>*Week 2 –Meditech Orientation</b>   |        | NS     |        |        |        |        | SA      | CB     | CB       | NS     | NS      | NS      | NS      | NS      |                 |       |
| <b>Faculty/TA Initials</b>   |        |        |        |        |        |        |         |        |          |        |         |         |         |         |                 |       |

\* 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 APA formatting on the initial and peer responses are incorrect. Refer to the APA formatting resource that is in edvance for correct format use. SA

Week 9: My NI from week 7 is no longer an NI as I have looked over and corrected my understanding of the APA formatting for my cdg post as well as for the replies. You did a great job this week! NS

Week 9 4(a) – Overall you were very accurate with the details provided in your assessment documentation. All other documentation interventions were completed timely and accurately. Remember our conversation about checking “yes” or “no” to defined parameters for each body system. Otherwise, well done! 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 10 4(f) – Great work with your CDG again this week. I have provided feedback directly to you in your initial and response post, see those comments for more details. You met all criteria on the CDG grading rubric. Keep it up! NS

Week 12 4(f) – Nice job with your CDG this week. You answered the questions appropriately, provided sufficient detail, and followed the CDG grading rubric. One suggestion for improvement with correct APA formatting, when doing an in-text citation, be sure to include the publishing year. Also, when doing an in-text citation with multiple authors, be sure to include the first author’s last name, followed by et al. The correct in-text citation for your provided reference is as follows: (Potter et al., 2026). Be sure to review the APA reference list that was provided to you in class and in clinical orientation. This is just a suggestion for future improvement on APA formatting. NS

| <b>Objective</b>   |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
|--|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---------|---------|---------|---------|-----------------|-------|
| 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 |
| <b>Competencies:</b>   |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
| a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding). |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| b. Apply the principles of asepsis and standard/infection control precautions (Responding).                            |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).                |        |        |        |        |        |        |        |        |          | N/A    | N/A     | NA      | S       | NA      | NA              |       |
| d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).             |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| e. Organize time providing patient care efficiently and safely (Responding).   |        |        |        |        |        |        | S      | NA     | S        | S      | NA      | S       | NA      | NA      |                 |       |
| f. Manages hygiene needs of assigned patient (Responding).   |        |        |        |        |        |        |        |        |          | S      | S       | NA      | S       | NA      | NA              |       |
| g. Demonstrate appropriate skill with wound care (Responding).   |        |        |        |        |        |        |        |        |          |        | S       | NA      | S       | NA      | NA              |       |
| <b>h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).</b>                       |        |        |        |        |        |        | S      | NA     | S        |        |         |         |         |         |                 |       |
| <b>Faculty/TA Initials</b>   |        | NS     |        |        |        |        | SA     | 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: There is a fire extinguisher by room 3027 and a pull station across from room 3020, there is one of each by exit stair 2. 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,d,e,f) – Great job implementing appropriate and safe body mechanics when transferring your patient from the bed to the bedside commode. You followed appropriate orders by maintaining non-weight bearing status to his left leg. You ensured the use of a gait belt, communicated with the patient upon transfer, and promoted safety throughout for both yourself and the patient. (d) I thought you did a very nice job this week with time management and organization. This can be difficult early on in your nursing career as tasks and assessments take longer to complete. However, you stayed organized and on track which allowed you to learn through researching the chart. Nice job! (f) – You consistently maintained the hygiene needs of your patient this week, ensuring he was cleaned up promptly following incontinent episodes. You also did well to ensure to had clean linens and was provided a bath. Great work! NS

Week 10 5(b,d,g) – You were able to experience various new skill opportunities this week! With each you were able to demonstrate beginning levels of competence. First, you were able to administer a tap water enema. You discussed the appropriate steps, and with guidance you were able to perform the procedure correctly. You also gained experience with wound care, assisting your fellow classmate with several dressing changes. You maintained appropriate aseptic technique and follow standard precautions to protect yourself and the patient. NS

Week 12 5(b,c) – This week you had the opportunity to perform catheter care and discontinue an indwelling urinary catheter. You were able to discuss the appropriate steps for catheter removal. The urine drainage bag was emptied as urine characteristics were assessed. You noticed the lack of a securement device in place. You appropriately attached a 10ml sterile syringe to the balloon port and allowed the water to flow by gravity while holding on to the catheter to prevent accidental dislodgement. You then successfully discontinued the indwelling urinary catheter without complication while promoting comfort for your patient. Peri-care was provided and the patient was educated on notifying nursing staff when she needs to use the restroom. Aseptic technique was maintained throughout the procedure. NS

Week 12 5(g) – Great job performing wound care this week. You were able to gain experience with changing a Mepilex dressing to the coccyx. You also changed a dressing per provider's orders on a foot abrasion. Furthermore, you gained experience assessing, emptying, and documenting a wound drain (hemovac), noting the characteristics and amount of drainage. Well done! 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 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---------|---------|---------|---------|-----------------|-------|
| <b>Competencies:</b><br>a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). |        |        |        |        |        |        |        |        |          | S      | S       | NA      | S       | S       | NA              |       |
| <b>Faculty/TA Initials</b>   |        | 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. Beyond this, you demonstrated excellent clinical judgment skills in our discussion. You discussed medications that he was taking, risk factors, interventions to prevent complications, and much more. I was impressed with your thought process this week! NS

Week 10 6(a) – You were able to identify dysfunctional gastrointestinal motility as the priority problem for both of your patients this week. These were related to a small bowel obstruction and constipation with impaction. You were able to discuss priority assessments, nursing interventions, and evaluation methods to determine effectiveness of the plan of care. NS

Week 12 6(A) – Good work identifying acute pain as the top priority problem for your patient this week. After undergoing back surgery, your patient was experiencing elevated pain levels rated 10/10. You were able to describe your patient’s assessment findings that correlate to the priority problem of acute pain and various nursing interventions that were implemented as the plan of care directly related to her pain. NS

Week 13 6(a) – Satisfactory completion of the nursing care map clinical assignment. See the attached grading rubric below for more details. 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 |
| <b>Competencies:</b>   |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
| a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).    |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| b. Recognize patient drug allergies (Interpreting).  |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| c. Practice the rights of medication administration and safety checks prior to medication administration (Responding). |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).    |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| e. Review the patient record for time of last dose before giving PRN medication (Interpreting).                        |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| f. Assess the patient response to PRN medications (Responding).  |        |        |        |        |        |        |        |        |          |        |         |         | S       | NA      | NA              |       |
| g. Demonstrate medication administration documentation appropriately using BMV (Responding).                           |        |        |        |        |        |        |        |        |          |        |         | S       | S       | NA      | NA              |       |
| <b>*Week 11: BMV</b>   |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
| <b>Faculty/TA Initials</b>   |        | 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 12 7a-g) – Overall, you had a successful and safe first medication administration experience. You were able to gain experience administering several (six) oral medications that were prescribed to your patient. 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 had several 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. It was reported that your patient's blood pressure had dropped overnight due to pain medications and muscle relaxers being given at the same time. As a result, you used your nursing judgement to discuss the patient's anti-hypertensive that was prescribed, ensuring that her blood pressure had stabilized and was re-assessed prior to administration. You also gained experience reading a MAR to determine the last dose of PRN medication administration. Your patient was in significant pain and requested a PRN pain medication for relief. You assessed the patient for any symptoms contradicting administration and accurately documented your findings. Good work! 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 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---------|---------|---------|---------|-----------------|-------|
| <b>Competencies:</b>   |        |        |        |        |        |        |        |        |          |        |         |         |         |         |                 |       |
| a. Reflect on areas of strength** (Reflecting)   |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)   |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| c. Incorporate instructor feedback for improvement and growth (Reflecting).  |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).   |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| 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      | S       | NA      | S       | NA      | NA              |       |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).   |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| g. Comply with patient's Bill of Rights (Responding).  |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).  |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| i. Actively engage in self-reflection. (Reflecting)  |        |        |        |        |        |        | S      | NA     | S        | S      | S       | NA      | S       | NA      | NA              |       |
| <b>Faculty/TA Initials</b>   |        | NS     |        |        |        |        | SA     | 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:** (a) I feel really good and comfortable talking to patients and getting a conversation going as well as believe I'm good with doing vitals but (b)I still am not the greatest with focusing while obtaining manual pulses, I will continue to practice on my family members and my friends to ensure that my

results are accurate each time I assess vitals. I also want to continue going over and practicing head to toe assessments each week just to make sure I don't forget anything when doing it on actual patients.

**Those are good goals to have for future clinicals!**

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. I have changed 8f to a "U" for the incorrect tool submitted, which resulted in a late tool submission. "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." SA

**Week 8: I have made sure I have the correct copy of the clinical tool. Thank you! CB**

**Week 9 (8a): This week I felt a lot more comfortable and confident when doing my head to toe assessment as well as just communicating with the patient, I also feel I did a good job with documentation. Excellent strengths to note! I completely agree. You had a great week of clinical and demonstrated strong nursing care. I thought you did well to answer my questions and were well-prepared. Your communication was awesome this week! NS**

(8b) I think I could improve on my medical terminology so when the nurse is giving me report I remember to use the terms instead of wanting to write out the full word so I remember it, i'll do this by going over and re- writing the terms in my med term book. **Good use of reflection to identify an area for improvement! Report can be a very overwhelming experience early on in your career. The nurses will discuss things that are beyond what you have learned and it can lead to uncertainty and confusion. You noted a great plan to help reduce the stress of writing everything down. Utilizing med term and abbreviations can help reduce the amount of information you are writing, allowing you to focus on the information being presented. Good thoughts and plan for improvement. Keep up the hard work! NS**

**Week 10 (8a):This week I felt really good and I got to experience a lot, I think I did a good job of communicating with my patient and getting what I needed while also giving myself the time to document everything and go through the patients chart to see what information I could get. (8 b) I could improve on my confidence when doing things for the first time, even though I know it will always be hard for the first time I still want to be able to do things and not back away from getting the experience. I will do this with more and more practice with everything. I these reflections, Kinley! I am glad that you were able to gain knowledge with new experiences. I am also very happy for you regarding the comments made by your patient. Those are special moments that you will carry with you throughout your career. You clearly made a positive impact on her! As for the area of weakness, I can empathize with your hesitancy with certain skills. Doing new things for the first time is scary, especially on a real patient in real situations. I like that you reflected on this being an area you want to improve upon. Jump at the opportunity to perform new skills, that's how you will get more comfortable in the future. Keep up the hard work! NS**

**Week 12 (8a) This week I felt strong in my areas of patient communication, time management, and documentation. I also felt like I was learning a lot and got to experience things that gave me a better understanding of what they were. (8b) I think I could improve on doing my assessments quicker which I can do just by practicing and getting to the point instead of taking so much time to document while on the room with the patient and instead focusing on the assessment more itself. Good reflection this week, McKinley! While efficiency is important in assessments, you don't want to feel like you are rushing just to get done sooner. I think its great that you want to improve on your efficiency, just don't get too hung up on timing as it is important not to miss things in your assessment. I thought you really grew in the clinical setting throughout this first semester and had the opportunity to perform several new skills. Great job! NS**

| Date      | Care Map Top Nursing Priority | Evaluation & Instructor Initials | Remediation & Instructor Initials |
|-----------|-------------------------------|----------------------------------|-----------------------------------|
| 11/6/2025 | Risk for falls/injury         | *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: McKinley Fannin  |  | Course 6  |                 |   |                                     |               |   |
|--------------------------------|--|---|-----------------|---|-------------------------------------|---------------|---|
| Date or Clinical Week: Week 12 |  | Objective:  |                 |   |                                     |               |   |
| Criteria                       |  | 3   | 2               | 1   | 0                                   | Points Earned | Comments  |
| <b>Noticing</b>                | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.              | (lists at least 7*)<br>*provides explanation if < 7 | (lists 5-6)     | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | 3             | <p>Ten abnormal assessment findings were listed specific to the patient care experience. Consider including additional abnormal findings, such as the use of oxygen per nasal cannula, foley catheter that was in place (prior to you removing), back incision with a bulky foam dressing, and the drainage characteristics from the hemovac drain. Otherwise, a good list of findings.</p> <p>Six abnormal diagnostic findings were appropriately listed. When stating "T4-T5 &amp; T7 fracture, be sure to included the diagnostic test that was performed to identify those fractures (thoracic spine xray). There were a couple abnormal diagnostics that also could have been listed that would support your priority problem: Glucose of 213, which is considered hyperglycemia and symptoms can result in risk for falls. Her calcium was also low at 7.8, which could increase her risk of injury (fractures) if a fall were to occur as a potential complication.</p> <p>A thorough list of risk factors was identified based on the patient care provided and her past medical history.</p> |
|                                | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.                               | (lists at least 3*)<br>*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*)<br>*provides explanation if < 5 | (lists 4)       | (lists 3)   | (lists < 3 or gives no explanation) | 3             |   |
| <b>Interpreting</b>            | 4. List all nursing priorities and highlight the top priority problem.   | > 75% complete                                      | 50-75% complete | < 50% complete                                    | 0% complete                         | 0             | <p>Five pertinent nursing priorities were identified. Typically, "risk for" problems are considered a lower priority then actual problems that are occurring. For this particular patient care plan of care, her impaired mobility would be the priority problem, with risk of falls being a potential complication. While it is important to prioritize her risk of falls, this risk is a direct result of the impaired mobility following surgery. Due to this, impaired mobility would be considered the top priority problem. The remaining aspects of the care map still apply to the priority of impaired mobility. Based on the patient's status, the identified goal is appropriate for this plan of care.</p> <p>Nice job highlighting the pertinent data from</p>   |
|                                | 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   | (lists at least 3)                                  | (lists 2)       |   | (lists < 2)                         | 3             |   |

|                   |   |                |                 |                |             |   |  |
|-------------------|---|----------------|-----------------|----------------|-------------|---|--|
|                   | complication.   |                |                 |                |             |   | the noticing section to support your identified priority problems.<br><br>Based on the priority problem, a thorough list of potential complications was identified related to her impaired mobility and risk for injury. Six potential complications were appropriately identified. Several signs and symptoms to monitor for were identified.   |
| <b>Responding</b> | 9. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | Eleven pertinent interventions were identified based on the patient's priority problems, well done.<br><br>When listing interventions, it is important to always follow the nursing process. Before we can implement interventions aimed at improving the patient's condition, we must first always assess. Referring to the care map guidelines, assessment interventions should always take highest priority. For example, before re-orienting the patient as you stated, you would first need to assess their mental status to determine the need to re-orient the patient. Before maintaining a x2 assist with a walker, we would first need to assess their level of mobility and need for assistive devices. Before ensuring the nasal cannula is in place on 2L, we would first need to assess her vital signs and oxygenation status. These are just some examples.<br><br>All listed interventions include an appropriate frequency to be performed.<br><br>All listed interventions are specific to the patient care experience. |
|                   | 10. Interventions are prioritized                                       | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 1 |  |
|                   | 11. All interventions include a frequency                               | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 |  |
|                   | 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             | Appropriate rationale is provided for each listed intervention.  |
| <b>Reflecting</b> | 14. List all of the highlighted reassessment findings for the top nursing priority.   | >75% complete  | 50-75% complete | <50% complete  | 0% complete  | 3             | A thorough list of re-assessment findings were included in the evaluation based on the last patient encounter. Based on your findings, you appropriately determined the need to continue the plan of care. |
|                   | 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul> | 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\*

< 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: McKinley, 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. One reminder, consider actual problems that are occurring as your top priority problem that take precedent over “risk for” problems. It appears that you were able to utilize your clinical judgement in understanding the plan of care for a patient that recently underwent spinal surgery. Great job identifying potential complications and interventions aimed at achieving your stated goal. Keep up the hard work!**

**Total Points: 40/45 - Satisfactory**

**Faculty/Teaching Assistant Initials: NS**

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

| <b>Student Name:</b>   |                                |          |  |                             |   |
|--|--------------------------------|----------|--|-----------------------------|---|
| <b>Performance Codes:</b> S: Satisfactory<br>U: Unsatisfactory |                                |          | <b>Evaluation</b><br><small>*(Refer to LCJR)</small> | <b>Faculty<br/>Initials</b> | <b>Remediation<br/>Date/Evaluation/Initials</b> |
| <b>Date:</b><br>11/4/25<br>or<br>11/11/25                      | Simulation #1<br>(2,3,5,8) *   | Scenario | S  | SA                          | NA  |
|  |                                | Survey   | S  | SA                          | NA  |
| <b>Date:</b><br>11/24/25<br>or<br>11/25/25                     | Simulation #2<br>(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): McKinley Fannin (A), Alyssa Lewis (M)

GROUP #: 6

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/11/2025 0900-1000

| CLINICAL JUDGMENT COMPONENTS                     |   |   |   |   | <u>OBSERVATION NOTES</u>  |
|--|---|---|---|---|---|
| <b>NOTICING: (1,2,4,6,7) *</b>                   |   |   |   |   |   |
| • Focused Observation:                           | E | A | D | B | <b><u>Focused observation</u></b>   |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | Introduces self and verifies pt and compares to Id bracelet.<br>Explains assessment and begins vital signs.   |
| • Information Seeking:                           | E | A | D | B | Notifies SpO2 is 88% and obtains blood pressure.<br>Assessment nurse asks med nurse for guidance and is prompted to apply oxygen per orders.  |
|  |   |   |   |   | Applies O2 at correct L.<br>Prompted by med nurse to assess respiratory rate, and continue with assessment.   |
|  |   |   |   |   | Observes head for lumps<br>Observes pupils  |
|  |   |   |   |   | Assesses heart and lung sounds<br>Assesses cognition and delirium screening   |
|  |   |   |   |   | Assesses social history<br>Med nurse observes that SpO2 is increased to 94%   |
|  |   |   |   |   | Requires assistance on next steps for assessing, med nurse advises to sit pt up<br>Assesses BUE pulses and cap refill   |
|  |   |   |   |   | Assesses pain<br>Asks about last BM, any GI or GU issues  |
|  |   |   |   |   | Observes lung crackles<br>Assesses BLE skin and cap refill, pulses, and push pull method  |
|  |   |   |   |   | Observed ROM to BLE<br>Focused observation on the cough and assesses history of cough.  |
|  |   |   |   |   | Observes soiled tissues in bed.   |
|  |   |   |   |   | <b><u>Recognizing deviations</u></b>  |
|  |   |   |   |   | Noticed low Spo2 (88%) as abnormal.<br>Noticed patient's cough  |
|  |   |   |   |   | Noticed crackles with lung sounds.<br>Noticed shortness of breath.  |
|  |   |   |   |   | Did not notice redness to the heels during assessment.<br>Noticed tissues with yellow sputum in the bed.  |
|  |   |   |   |   | <b><u>Information seeking</u></b>   |
|  |   |   |   |   | Confirmed name and date of birth when entering the room. Compared with the wrist band.<br>Sought additional information related to cough and history.                                     |
|  |   |   |   |   | Sought information related to patient's pain (0/10).<br>Sought information related to medication administration (verified name and DOB), performed 7 rights of medication administration. |
|  |   |   |   |   | Asked if patient took medications with water.<br>Remember to ask about allergies prior to medication administration.  |

|   |   |
|---|---|
|   | Educated on S/E of medications.   |
| <p><b>INTERPRETING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>   | <p><b><u>Prioritizing Data</u></b></p> <p>Prioritized vitals obtained BP and SpO2 only after recognizing low SpO2 result.</p> <p>Prompted with help from med nurse on focused assessment of respiratory system</p> <p>Prompted by med nurse for interventions related to low SpO2</p> <p>Continued focusing on patient's head to toe assessment.</p> <p>Prioritized researching medications to provide full patient education.</p> <p><b><u>Making sense of Data</u></b></p> <p>Interpreted Spo2 of 88% as below normal. Med nurse made sense of shortness of breath and cough related to pneumonia.</p> <p>Made sense of guaifenesin medication PRN order for persistent or non-productive cough</p> <p>Made sense of prescribed oral medications.</p> <p>Made sense of crackling being related to pneumonia.</p> <p>Raised head of bed after applying oxygen.</p>   |
| <p><b>RESPONDING: (1,2,3,4,5,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/<br/>Flexibility:                    E       A       D       B</li> <li>• Being Skillful:               E       A       D       B</li> </ul> | <p><b><u>Calm, confident manner</u></b></p> <p>Confident with simple nursing actions and communication with patient and requires assistance from team member.</p> <p>Med nurse appears knowledgeable and confident with medication administration.</p> <p><b><u>Clear communication</u></b></p> <p>Introduced self and role when entering the room. Explained interventions to be performed.</p> <p>Good communication with the patient throughout. Good education on the need for oxygen related to Spo2 level.</p> <p>Educated patient on medication, dosage, and indication.</p> <p>Answered patient's questions appropriately with medication administration</p> <p><b><u>Well-planned intervention/flexibility</u></b></p> <p>Started with vitals, recognized low SpO2 and applied O2</p> <p>Teammate reminded assessment nurse to apply oxygen.</p> <p>Focused assessment performed on patient's cough.</p> <p>Applied nasal cannula as ordered by physician to maintain Spo2 &gt;93%.</p> <p>Prompted by med nurse to re-assess Spo2 after oxygen administration.</p> <p>Focused re-assessment performed on the respiratory system. Noticed Spo2 at 94% on 2L by med nurse</p> <p>Elevated HOB after applying O2</p> |

|   |   |
|---|---|
|   | <p><b><u>Being skillful</u></b></p> <p>Eventually completes a full head to toe assessment.</p> <p>Prompted by med nurse and performed a full respiratory assessment with a focused after O2 was applied.</p> <p>Required guidance on next steps by med nurse to assess lower extremity strength (push/pull).</p> <p>Assessed neuro and delirium assessment.</p> <p>Assessed pain and focused on pain with cough</p> <p>Elevated bed for proper body mechanics.</p> <p>Good hand hygiene.</p> <p>Assesses allergies</p> <p>Used BMV scanner for medication safety and administers medications successfully.</p>  |
| <p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     E     A     D     B</li> <li>• Commitment to Improvement: E     A     D     B</li> </ul>   | <p><b><u>Evaluation/Self-Analysis</u></b></p> <p>Participation went well in debriefing. Each member of the team reflected on the experience and asked appropriate questions.</p> <p><b><u>Commitment to Improvement</u></b></p> <p>Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.</p>  |
| <p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *</li> <li>• Execute accurate and complete head to toe assessment (1,5,6,8) *</li> <li>• Select and administer prescribed oral medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> </ul> | <p>Lasater Clinical Judgement Rubric Comments:</p> <p><b><u>Noticing</u></b></p> <p><b><u>Focused Observation:</u></b></p> <p>Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information</p> <p><b><u>Recognizing Deviations:</u></b></p> <p>Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment</p> <p><b><u>Information Seeking:</u></b></p> <p>Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family</p> <p><b><u>Interpreting:</u></b></p> <p><b><u>Prioritizing Data:</u></b></p> <p>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data</p> <p><b><u>Making Sense of Data:</u></b></p> <p>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> |

**Responding:**

Calm, Confident Manner:

Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily

Clear Communication:

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

Well-Planned Intervention/Flexibility:

Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response

Being Skillful:

Is hesitant or ineffective in using nursing skills

**Lab Skills**

**Reflecting:**

Evaluation/Self-Analysis:

Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered

Commitment to Improvement:

Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

| <b>Skills Lab<br/>Competency Evaluation</b><br><br>Performance Codes:<br><br>S: Satisfactory<br><br>U: Unsatisfactory | Week 1<br>(4)*     | Week 2<br>(2,3,5,8)* | Week 3<br>(2,3,4,5,8)* | Week 4<br>(2,3,4,5,8)* | Week 5<br>(2,3,4,5,8)* | Week 6<br>(1,2,3,4,5,8)* | Week 7<br>(2,3,4,5,8)* | Week 8<br>(2,3,4,5,8)* | Week 9<br>(2,3,4,5,8)* | Week 10<br>(2,3,4,5,6,8)* | Week 11<br>(2,5,7)* |
|---|--------------------|----------------------|------------------------|------------------------|------------------------|--------------------------|------------------------|------------------------|------------------------|---------------------------|---------------------|
|   | Date:<br>8/18/2025 | Date:<br>8/27/2025   | Date:<br>9/5/2025      | Date:<br>9/11/2025     | Date:<br>9/16/2025     | Date:<br>9/23/2025       | Date:<br>9/30/2025     | Date:<br>10/7/2025     | Date:<br>10/14/2025    | Date:<br>10/21/2025       | Date:<br>10/28/2025 |
| Evaluation:   | S                  | S                    | S                      | S                      | S                      | S                        | S                      | S                      | S                      | S                         | S                   |
| Faculty Initials  | HS                 | HS                   | SA                     | HS                     | HS                     | AR                       | NS                     | NS                     | AR                     | AR                        | AR                  |
| Remediation:<br>Date/Evaluation/Initials  | NA                 | NA                   | NA                     | NA                     | NA                     | NA                       | NA                     | NA                     | NA                     | NA                        | NA                  |
| Remediation:<br>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: McKinley Fannin

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, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of three blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 128/84 and you identified it as 122/80. The second measurement was set at 144/78 and you interpreted it as 120/80. Great job! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did require one prompt on the initial step of the orthostatic vitals. During completion of your 1:1 observation you provided accurate detail in your communication with the client. You did enter all correct information on your Meditech documentation, however you documented the pulse information on the left radial and not the right radial. During Week 4 lab please take some time to review your documentation from this week. The remainder of your documentation was accurate and complete. Keep up the great work!! SA

### **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):**

All time in the skills lab must be utilized for skills lab related activities, examples include, reviewing information on the “Did you Know” board, the communication board, or looking ahead to the next check off. Coloring on your tablet is considered an inappropriate use of time in the skills lab.

Nice 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 observing the eyes for sclera and conjunctiva color. The other prompt was on auscultating lateral breath sounds. You demonstrated friendly, professional, and informative communication. HS

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

- **Pain-** Documentation complete and accurate.
- **Vital signs-** Documentation complete and accurate.
- **Safety-** Documentation complete and accurate.
- **Physical reassessment-** HEENT (eye)- omitted visual assistive devices- glasses, eye discharge color- clear; (ear)- omitted right ear symptoms of hearing difficulty; (throat and mouth)- omitted no throat complaints nor tracheal deviation (midline) . Psychosocial- comment “My husband died two weeks ago” should be documented in the expressed/other feelings comment box. Respiratory- omitted respiratory symptom of difficulty coughing; documented both thin and thick sputum consistency. Cardiovascular- omitted edema note- toes to knee bil. and the entire left upper extremity.

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! 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, very well-done! 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. One prompt was required during insertion related to labeling the urine bag for infection control purposes. Otherwise, you did not require any additional prompts, nice work! 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 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 require two prompts: always assess an open wound for tunneling and undermining; you reaching over the open sterile supplies several times which would cause contamination. Your communication with the patient was very good. 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: Mckinley Fannin 11/21/2025