

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Isabella Blakely

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion: **12/1/2025**

Faculty: **Frances Brennan**, MSN, RN; **Amy Rockwell**, MSN, RN;
MSN, RN

Faculty eSignature: **Nicholas A. Simonovich**,

Chandra Barnes, MSN, RN; **Nick Simonovich**, MSN, RN
Heather Schwerer, MSN, RN; **Brittany Lombardi**, MSN, RN, CNE

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).									NA	S	NA	S	NA	S	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S	NA	S	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							NA	S	S	S	NA	S	NA	S	NA	S
Faculty/TA Initials		NS					CB	BL	BL	NS	NS	NS	NS	NS	NS	NS
Clinical Location; Patient age**		Meditech Orientation					NA	3 Tower Age: 70		4 North Age: 51	NA	4 North Age: 86	NA	4 North Age: 70	NA	Final

* 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 8-1(c,d) Great job this week showing respect for your patient's individual preferences, values, and needs while providing care. In your CDG, you did a nice job identifying your patient's abnormal assessment findings and priority concerns. This demonstrates the early development of clinical judgment, which is essential for safe and effective nursing practice. BL

Week 9 1(c,d) – You did a great job this week providing patient-centered care. With your patient being primarily independent, you were able to balance performing nursing measures in a timely manner while also providing her with privacy and time to rest. You respected her preferences and communicated effectively to ensure her needs were met. (d) you were able to use Maslow’s as a guiding framework for your care, addressing her physiological needs first by performing important assessments, addressing her pain/nausea, and closely monitoring her vital signs using sound clinical judgment. This was a difficult situation with her being reluctant to care at times. When patients are more independent, we have to balance things we need to do while also respecting the patient’s right to refusal. I thought you handled it well and with time and experience you will learn your “nurse voice” in communicating with patients the importance of certain assessments. NS

Week 11 1(a-d) – You did a great job coordinating your care effectively throughout the week. With your patient being scheduled for surgery on day one, you were timely in your assessments, collected pertinent data, and ensured that your patient was adequately prepared for his upcoming surgery. You ensured his physiological needs were met through careful assessment, noting the importance of him being stable prior to the surgery. You also respected his wishes, providing care with his son in the room and ensuring that he was an active participant in his plan of care. NS

Week 13 1(a-d) – Good work coordinating and prioritizing your care this week. You were able to overcome feeling unwell and still ensured that your patient’s needs were met. In caring your for patient, you respected his wishes, addressed his physiological needs in regards to pain quickly, and performed focused assessments ensuring complications were not occurring. 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).							NA	S	S	S	NA	S	NA	S	NA	S
b. Use correct technique for vital sign measurement (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).									NA	S	NA	S	NA	S	NA	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	NA	S	NA	S	NA	S
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	NA	S	NA	S	NA	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA	NA	NA	NA	NA
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	NA	S	NA	S	NA	S
Faculty/TA Initials		NS					CB	BL	BL	NS	NS	NS	NS	NS	NS	NS

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

Comments:

Week 8-2(a,b) Great job this week demonstrating proper techniques for measuring vital signs and completing a systematic head to toe assessment on your assigned patient. Your assessment was thorough, accurate, and well-organized. You demonstrated good clinical judgment by recognizing weak pulses and appropriately using the Doppler for further assessment. Continue building on these strong assessment and critical thinking skills as you move forward. BL

Week 9 2(a) – Good work with your head-to-toe assessment this week, noting improvements from your first clinical experience. 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 cardiovascular assessment findings, noting the use of telemetry monitoring due to her acute blood loss to monitor her cardiac function. Neurologically you noticed a flat affect and numbness/tingling to her bilateral feet which was interpreted as being related to her history of type 1 diabetes. In your gastrointestinal assessment you noticed an irregular bowel pattern with loose stools, intermittent nausea after eating, and tenderness with guarding to the abdomen. You were able to assess her stool characteristics and collected a sample to be sent for testing, noting liquid, greyish/brown appearance. NS

Week 9 2(c) – A safety and falls assessment was completed using the Johns Hopkins Fall Risk assessment tool, noting a score of 5 indicating a low fall risk. You did well to explain the factors that led to the score and described nursing measures that were implemented to promote safety. NS

Week 9 2(g) – Excellent job in our discussion of various lab values to monitor. You were able to interpret her abnormal hgb, hct, and RBC levels accurately and described important nursing considerations based on the results. You were able to correlate symptoms the patient may experience and the importance of continuous monitoring to prevent complications. You were also able to correlate her electrolyte levels as being related to her frequent, loose stools leading to loss of fluid and electrolytes through the colon as a result of dysfunctional gastrointestinal motility. Well done! NS

Week 11 2 (a) – With each clinical experience, your assessment skills are improving along with your confidence. Although there was not a lot of abnormal findings with your patient last week, you were thorough in your approach and noted abnormalities such as the redness and edema to his shoulder and arm. You carefully monitored the circulation in that extremity and monitored for worsening redness/swelling. NS

Week 11 2(e) – Great job discussing your patient’s nutritional status this week. You were able to identify the importance of monitoring CHO intake related to his diabetes diagnosis on day 2 when his diet was advanced. On day one you noticed that your patient was prescribed an NPO diet, which you were able to interpret as being related to his upcoming surgery and risk of aspiration during the surgical procedure. Good work assessing how he tolerated his advanced diet, monitoring for any signs of complications. NS

Week 11 2(g) – You provided thorough details and descriptions of pertinent labs/diagnostics. You understood the importance of the microbiology culture that was obtained from his shoulder, identifying the type of bacteria present and the nursing implications of the results. You were able to correlate the prescribed antibiotics to his infection and discussed potential findings that would indicate a worsening infection. Also, you demonstrated good clinical judgment when discussing his lab value results and how they can impact his immune system and ability to fight off infection. Well done! NS

Week 13 2(a,c) – Good work with your assessments this week. You were able to discuss your patient’s primary diagnosis related to his cervical stenosis and identified priority assessments to focus on related to peripheral sensation, bowel/bladder control, and breathing. You did a good job identifying both objective and subjective findings related to pain, such as the pain rating of 9/10 described as sharp and radiating down his back, facial grimacing, restless, and hypertension. You were also able to assess the drainage characteristics and hemovac drain that was in place. (g) You were able to review and discuss his diagnostic findings, specifically related to identifying the hardware in place in his neck and the importance of maintaining the c-collar to prevent complications. 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:																
a. Receive report at beginning of shift from assigned nurse (Noticing).							NA	S	S	S	NA	S	NA	S	NA	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).									NA	S	NA	S	NA	S	NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
e. Communicate effectively with patients and families (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
Faculty/TA Initials		NS					CB	BL	BL	NS	NS	NS	NS	NS	NS	NS

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

Comments:

Week 8-3(e) Excellent job communicating with your patient during clinical this week. You also did a great job reflecting on and discussing your communication in your CDG as well. BL

Week 9 3(e) – Although you identified a flat affect on your patient, most likely due to her situation, you were able to communicate effectively despite her wanting to be left alone throughout the morning. You communicated the importance of gathering important data before allowing her time to rest. This is a hard balance, determining when it is appropriate to allow quiet time vs. interrupting to gather data. I thought you handled the situation well. NS

Week 9 3(f) – This week you had some extra time due to the independence of your patient. You were actively involved with your classmates and members of the health care team, helping and being a supportive team member. By doing so, you were an accountable member of the health care team. This is always appreciated! NS

Week 11 3(f) – This week you were an important and accountable member of the health care team by ensuring that your patient's pre-op checklist was completed accurately. This is an important aspect of bedside nursing when preparing a patient for surgery. In order for things to run smoothly, the patient needs to be adequately prepped with everything in order prior to leaving the floor. This allows the surgical team to focus on the upcoming operation and promotes positive outcomes. Well done! NS

Week 13 3d) – You were prompt in reporting your patient's severe pain and associated symptoms. This allowed the opportunity to medicate him quickly to help reduce the discomfort and prevent complications. NS

Week 13 3(f) – You had a unique opportunity this week to collaborate with the neurosurgeon in providing patient care. You participated as an accountable member of the health care team by assisting the provider in removing the hemovac drain and applying a dressing. You were able to observe the incision site, noting staples, and maintained asepsis in assisting with the dressing change. You interacted and engaged with the provider which will help enhance your collaborative communication. Well done! 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:																
a. Document vital signs and head to toe assessment according to policy (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
b. Document the patient response to nursing care provided (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					NA	S	S	S	NA	S	NA	S	NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							NA	S	NA	S	NA	S	NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	NA	S	NA	S	NA	S
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							NA	S	S	S	NA	S	NA	S	NA	S
*Week 2 –Meditch Orientation		NS					CB	BL	BL	NS	NS	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 8-4(a) Excellent job with your documentation this week in clinical. Your documentation for both your vital signs and head to toe assessment were thorough and accurate. As discussed in clinical, a friendly reminder that for any body system that is found to be normal based on the defined parameters in Meditech, you do not need to document any further information. You can select "yes" for normal, and then move on to the next system. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. 4(f) Satisfactory completion of your CDG this week. Excellent job! BL

Week 9 4(a,b,c) – Overall I thought your documentation was thorough and accurate based on your assessment findings. You were independent with your documentation and asked appropriate questions when indicated. Great job spending time reviewing the EHR to trend data and evaluate lab results. 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. Unfortunately, I had to change this competency to "NI" due to your response post to Michael not having a reference included. You did include the in-text citation, but did not provide a reference for where that citation came from. Your initial post was spot on, including all requirements from the CDG rubric. Moving forward, be sure to include an in-text citation and reference for both posts. If you have any questions or need clarification just let me know! NS

Week 11 4(f) – Another job well done with your CDG requirements this week. All criteria were met for a satisfactory evaluation. Thank you for incorporating the feedback provided from your previous experience and demonstrating improvement. 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 provided very detailed and thorough responses to the CDG prompts this week. Great job describing your patient's situation and appropriately identifying pain as his priority problem follow cervical spine surgery. Excellent details provided in your discussion on his medications and your experience with medication administration. I am happy to hear that this was an exciting learning opportunity for you! Also, nice work with your response to Aubrey, providing additional thoughts and insight to enhance the conversation. 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).							NA	S	S	S	NA	S	NA	S	NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA	NA	NA	NA	NA	NA	S
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
e. Organize time providing patient care efficiently and safely (Responding).							NA	NI	NI	S	NA	S	NA	S	NA	S
f. Manages hygiene needs of assigned patient (Responding).									NA	S	NA	S	NA	S	NA	S
g. Demonstrate appropriate skill with wound care (Responding).									NA		NA	NA	NA	S	NA	S
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).							NA	S	S							S
Faculty/TA Initials		NS					CB	BL	BL	NS	NS	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.**

Comment:

Week 8 10/8/2025: On 3 Tower, there is a pull station next to the Nurse Directors office, and there is a fire extinguisher across from room 3036. Great job! BL

My patient has very weak radial pulses, so I had to auscultate his apical pulse, and I had some difficulty with this as well. His pulse was very difficult to hear, and there was a lot of movement going on. I also paused a couple of times in between different tasks to double check with my instructor to see if my findings were correct. While I was able to effectively count his apical pulse after multiple attempts and with help from my clinical instructor, I felt like my time wasn't managed efficiently and it caused my patient to eat his breakfast a bit late.

Week 8-5(e) Although you faced challenges with time management, you remained focused on providing accurate and safe care. Your decision to pause and verify your findings shows strong clinical judgment and a commitment to learning the correct techniques. With more experience, your confidence and efficiency will continue to improve. Excellent job recognizing your areas for growth and maintaining your patient's safety as your top priority. BL

Week 9 5(d,e) – At this level, time management and organization are some of the toughest skills to develop. The hospital often brings about numerous interruptions or changes that require nurses to adapt. With this being your first full clinical experience, I thought you demonstrated good time management skills. You were able to perform your initial assessment and gather essential data in a timely manner. This allowed your patient time to rest while also ensuring these results were communicated to the rest of the health care team through documentation. Nice work! NS

Week 9 5(b,d,g) – I changed competency g to “s” due to your experience with removing a JP drain and dressing the open wound appropriately. Although this experience didn't require specific wound care orders, you still managed care of the wound site from the JP drain. During removal, you maintained asepsis and were careful not to introduce any contaminants into the wound. This was a new skill/experience for you, and you approached it with confidence and competence. You gained experience removing stitches, pulling a JP drain, then noted the appearance of the open wound and dressed it with a 4x4 and tape. Great job! NS

Week 13 5(c) – This competency was changed to “S” since you were able to assess and maintain an indwelling urinary catheter this week. Although it was short lived since his catheter was accidentally removed, you still had to document on the urinary catheter management system and performed nursing measures to ensure the patient was able to urinate independently following the accidental removal. NS\

Week 13 5(g) – Great job assisting the surgeon with wound care this week! You gained experience assessing a well approximated wound with staples in place. You were able to count the staples, not the surrounding skin integrity, and helped with the dressing change. 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).									NA	S	NA	S	NA	S	S	S
Faculty/TA Initials		NS							BL	NS	NS	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 her needs. In our discussions you provided good insight into various lab values and nursing considerations, answered questions appropriately, and made a lot of really good connections using clinical judgment. You correctly identified her dysfunctional gastrointestinal motility as a priority nursing problem, with frequent loose stools leading to some electrolyte imbalances. You did well describing the pathophysiology behind this and implemented a plan of care aimed at monitoring these closely. NS

Week 11 6(a) – great work correlating your assessment findings, labs, diagnostics, and risk factors to correctly identify infection and risk for infection as your patient’s top priority problem. With the microbiology results, pending surgery, PICC line placement, need for long-term antibiotics, and underlying risk factors that impact his immune system, this is certainly a top concern when providing patient care. You did an excellent job describing this situation in your CDG and demonstrated improving clinical judgement skills in discussing his plan of care. NS

Week 13 6(a) – You did a nice job this week using your nursing judgement to identify pain as your patient’s top priority following his cervical spine surgery. As you heard the surgeon state, this type of back surgery is one of the most painful recovery periods due to the nature of the procedure. You were able to notice numerous signs/symptoms of the pain he was experiencing and identified pertinent interventions aimed at improving and maintaining his pain levels. NS

Week 14 6(a) – Satisfactory completion of 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
Competencies:																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				NA	S	NA	S
b. Recognize patient drug allergies (Interpreting).									NA				NA	S	NA	S
c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).									NA				NA	S	NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NA	S	NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				NA	S	NA	S
f. Assess the patient response to PRN medications (Responding).									NA				NA	S	NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	NA	S	NA	S
*Week 11: BMV									NA	NS	NS	NS	NS	NS	NS	NS
Faculty/TA Initials		NS							BL	NS	NS	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 7(a-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. 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 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 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. During medication administration you noticed that your patient had dropped a few pills on his lap. You were able to locate all the pills to ensure accurate administration, while also noting that one had fallen to the floor. Experience was gained in identifying the pill that was dropped and wasting the medication in the pyxis appropriately. 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
Competencies:																
a. Reflect on areas of strength** (Reflecting)							NA	S	S	S	NA	S	NA	S	NA	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							NA	S	S	S	NA	S	NA	S	NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).							NA	S	S	S	NA	S	NA	S	NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							NA	S U	U	S	NA	S	NA	S	NA	S
g. Comply with patient's Bill of Rights (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							NA	S	S	S	NA	S	NA	S	NA	S
i. Actively engage in self-reflection. (Reflecting)							NA	S	S	S	NA	S	NA	S	NA	S
Faculty/TA Initials		NS					CB	BL	BL	NS	NS	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 strength I hold is communicating effectively with my patient on what I will be doing, with my clinical instructor when I'm questioning something, whether that be measurements I got, or what I need to do next. I'm glad you felt comfortable engaging your patient in conversation while performing vital signs and a head to toe assessment. Building trust and rapport is essential for effective nursing care, and you're already developing that important skill—keep up the great work! **BLA** weakness I have is not being as confident in the results I gather, and questioning whether I'm correct or not. While that's not always a bad thing, I feel like I questioned a lot and asked my clinical instructor to double check my findings for more than a few things. I also had some difficulty finding the apical pulse (my patients radial pulses were very weak and hard to palpate). Before my next clinical day, I'm going to go over head to toe assessment and what's normal/abnormal, and practice auscultating an apical pulse on 4 of my family members to review. Great job taking time to reflect on an area of improvement for future clinical experiences. Self-awareness is an important part of learning. As you gain more experience and spend more time at the bedside, your confidence and competence will grow. Taking time to practice your skills is very important, and it will help contribute to your confidence also. Keep up all your hard work! BL

Week 8-8(f) Unfortunately, you did not submit the correct Clinical Tool by the due date/time; therefore, this competency was changed to an "Unsatisfactory" for this week as it relates to responsibility. Going forward, I encourage you to double check your Clinical Tool submission in your dropbox to ensure it is the correct version. Please be sure to address this "U" on your Week 9 clinical tool according to the guidelines outlined on page 2 of this document. Should you have any questions or need assistance, please do not hesitate to reach out. 8(i) You did a wonderful job reflecting on your first clinical experience in your CDG this week. You provided a nice description of your thoughts and feelings before and after the experience. Keep up all your great work! BL

I understand that I was unsatisfactory for week 8(F) because I did not submit the correct clinical tool in my dropbox for week 8. Moving forward, I will double check that I have the correct clinical tool opened before I begin to fill out the boxes, and before submitting it. Thank you! NS

Week 9 strength/weakness: I strength I hold is now effectively completing things in an order that is organized and makes sense in my head. I felt a lot more "put together" this time around while doing my head-to-toe assessment, even though my patient did not let me do her GI assessment at 0700, I still felt that I was organized and correctly did everything in a systematic order. **Awesome strength to note this week, Bella! You were able to take an identified weakness from your previous experience and demonstrated improvement in ability and confidence. That is what reflection is all about! I am happy to hear that you felt more comfortable and organized. This will continue to improve with each experience. Great job! NS**

A weakness I have is not telling the patients when something really needs to be done so the doctor knows that information for their rounds. This weakness comes from being nervous that a patient will yell at me for not leaving them alone. My patient did not let me do my GI assessment on her when doing my head to toe because she was in pain and she was tired from her medication, and that's what really needed to be done due to her symptoms and what she was admitted for. I informed my clinical instructor of this, but I believe should've attempted to explain to her more that the information I'd get from the GI assessment is important and something the doctor needs to know. In the future, if a patient refuses a section of an assessment, I'll express my understanding of why they don't want it done, but why it's important to obtain this information so we know what's going on. To practice before my next clinical, I'll have a few family members act as patients and refuse some part of an assessment/care needs, and practice my communication with patients and what I would say when this situation occurs. **This is a really good reflection, Bella. I appreciate the insight provided regarding the situation. It seems like this was a good learning experience. What I often tell students is that you will learn your "nurse voice" in the sense that it takes time to develop the confidence to be "stern" with patients. We have to balance respecting their wishes and also gathering essential data. As a brand-new nursing student, you are not alone in feeling uncomfortable in these situations. There may be times in your career that a patient gets upset with you, and that is okay. We educate on the importance, do our nursing care, and hope the patient understands. If they adamantly refuse, we document and try again later. Often times if patients don't feel well, they feel more empowered to tell a nursing student no vs. the assigned RN. For your own understanding, the bedside RN has to go in behind you and complete their own assessment, so that information will get relayed to the providers. However, I love the reflection on this experience and I think you have a unique plan that will help you practice communication in these situations. Very well done! NS**

Week 11 strength/weakness:

A strength I have is the ability to empathize and connect with my patients. This week I care for a patient who came in with shoulder pain. He expressed to me how annoying it's been for the pain to keep coming back and how he's ready for it to finally go away. I asked if it was okay to share my own experiences with shoulder pain, and with his approval I empathized with him and told him that I relate to that as I'm dealing with shoulder pain myself from an injury I sustained months ago, so I know how annoying that must be and to want it to go away. This allowed me to connect with the patient on a personal level and show that I truly understood what he was feeling. I'm able to use my own experiences, and also what I've seen before on other patients, to connect with patients and use that knowledge on how to take care of them. This also creates trust with my patients, and helps me to provide individualized and compassionate care. **I love this! This reflection demonstrates true emotional intelligence. The fact that you asked your patient if you could share your personal experience demonstrates a deep understanding of empathy. These are excellent ways to connect with patients, sharing similar experiences and insight so that the patient can see you understand their pain and suffering. This is a unique strength to have and will serve you well in the profession. Really nice job, Bella! NS**

A weakness I noticed this week was not communicating very well with a patient while removing a JP drain. I was a little nervous as that was my first time doing that, and I was so focused on making sure I was doing the skill correctly and I wasn't hurting the patient that I felt that I didn't communicate well and explain to the patient myself what I was doing. Before my next clinical days, I'll go over multiple skills, like foley insertion/removal and NG tube insertion/removal and practice my communication skills to make sure next time I'll be more prepared to communicate what I'm doing and not let my nerves get the best of me. **Very good! It is very normal to be task oriented the first time you perform skills. You are nervous about remembering certain steps, promoting safety, etc. I like that you were able to reflect on this and identify how it could potentially impact the patient's nerves or trust. However, recognizing this, and developing a plan to improve this, will go a long way. Great thoughts! NS**

Week 13 strength/weakness:

A strength I had this week was connecting information together to form a nursing diagnosis, such as assessment information, lab and diagnostic results, and current symptoms. My patient was admitted to the hospital following a C2-C5 post cervical fusion, and C3-C4 laminectomy. By looking at all the information, and sorting out the irrelevant pieces, I was able to accurately identify my patient priority problem, which was pain and impaired mobility due to the pain. This allowed me to understand how spinal disease/trauma, and chronic diseases like arthritis can truly affect a patient's comfort and function, and allowed me to provide individualized and competent patient care. This nursing diagnosis also allowed me to implement some nonpharmacological pain relief mechanisms, like repositioning the patient, gently supporting his head/neck, and providing warm blankets to enhance his comfort. **Very good! I always enjoy reading your reflections because you put a lot of thought and effort into your responses. I love to hear your thought process behind things and how you are putting pieces together. This is a great strength to note, as it demonstrates that growing clinical judgment of putting everything together. You have grown beyond simply information gathering, and are now starting to think like a nurse, which is awesome to see! NS**

A weakness I had this week was having limited knowledge about my patient's condition, and the procedure he underwent. I admit I was a bit lost when I was informed of why he was admitted to the hospital, and had little knowledge of a post cervical fusion, and had absolutely no idea what a laminectomy was. My instructor explained what his diagnosis was, and what procedure the patient had done, but I do wish I had done some more research on my own prior to entering the patient's room and completing my assessment. In the future, I'll do some research independently on my patient's condition if I'm confused or lost and not completely rely on information from my instructor or another nurse. I believe it'll be beneficial to my learning to complete the research on my own first, getting all of the details and summarize the information in my head and asking questions if I need further clarification. I think this will help my understanding of what my patient went through, and how I should provide my patient care. **Strong reflection on how to prepare yourself for unfamiliar situations! You were able to learn a lot about his procedure by collaborating with the surgeon and gaining more of an understanding of what the patient is going through. I think you have a great plan to reduce your confusion in the future! It can never hurt to look things up before jumping in, just in case the patient or others have questions you can feel more confidence and knowledgeable. Keep up the hard work! NS**

Final Clinical Comments – Isabella, congratulations on completing your first semester of clinical in nursing school with a satisfactory evaluation, certainly an accomplishment worth celebrating! It was a pleasure to work with you throughout this semester. You have shown tremendous growth and I am excited to see you continue

to progress throughout your time here in the program. From your first clinical day to your last, your confidence rose and your skills improved. It was awesome to watch as you put the pieces together on your patients using clinical judgement and understanding your patients as a whole. You made good use of your time and put in the effort to learn more about your patients. You asked though-provoking questions to enhance your learning and to promote positive outcomes for your patients. You had the opportunity to perform several skills that were learned in the classroom and in lab. With each opportunity, you gained important experience and knowledge regarding the nursing care provided. Throughout the semester you overcame personal hurdles and stressors to accomplish your goals. I am proud of how you handled the clinical environment despite restrictions and appreciated the efforts made to learn throughout your clinical experiences. I also appreciated your willingness to help your fellow classmates when you could. Be sure to stay motivated and focus on your goals as you approach the next semester. Overall you had a very successful first semester! I look forward to working with you next semester as you continue your journey and take one step closer to achieving your goals. Great job and keep up the hard work! NS

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/10/2025	Infection/Risk for infection	*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: Isabella Blakely		Course 6					
Date or Clinical Week: Week 11		Objective:					
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	12 abnormal assessment findings are listed, including objective and subjective data collected during the patient care experience.
	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	14 abnormal lab/diagnostic tests are identified from the EHR. Findings include lab values and microbiology results related to the current hospitalization.
	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	Nine risk factors are identified, including current and past medical history, procedures performed, and age.
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Four pertinent priority nursing problems are identified based on the patient care provided during clinical week 11. Based on the patient's primary needs, infection/risk for infection is identified as 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	A well written, specific and measurable goal statement is provided. The goal statement is directly related to the priority problem of infection and is a positive statement reflecting a desired goal to be achieved with the plan of care.
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	Based on the top priority problem, pertinent and relevant data from the noticing section is appropriately highlighted to support the priority problem. Consider including the use of telemetry and his hypotension as relevant data related to infection. The low blood pressure can be a result of the infection resulting in an inflammatory response. The use of telemetry with an infection is to monitor potential changes in heart rhythms. Just some things to consider. Great job linking his past medical history as related factors to his risk of infection.
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

							Four potential complications of the infection/risk of infection are identified. These complications are high priority to monitor for and are supported with signs and symptoms to monitor for each. Great job describing the potential complications and supporting with details.
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Thirteen relevant nursing interventions are listed all relating to the top priority problem. Great job including education on monitoring and maintaining the PICC line at home. This is an essential intervention as they will not be under direct supervision of medical providers in the home setting at all times. It is important for them to understand what to look for and when to notify a provider with concerns. Interventions listed are prioritized appropriately with assessment interventions taking highest priority. Each listed intervention includes an appropriate frequency and are individualized to the specific patient situation with specific medication orders and dosages, well done.
	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	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	An appropriate 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	3	A list of re-assessment findings based on those identified in the noticing section are provided, including updated vital signs and lab values. Based on your evaluation of assessment findings, it is appropriately determined to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	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: Isabella, 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. It appears that you were able to utilize your clinical judgement in understanding the plan of care for a patient with an infection and major risk factors for worsening infection. Great job identifying potential complications and interventions for his plan of care. Keep up the hard work!

Total Points: 45/45 – Satisfactory

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 <small>*(Refer to LCJR)</small>	Faculty Initials	Remediation Date/Evaluation/Initials
Date: 11/4/25	Simulation #1 (2,3,5,8) *	Scenario	S	NS	NA
		Survey	S	NS	NA
Date: 11/24/25	Simulation #2 (2,3,5,7,8) *	Scenario	S	CB	NA
		Survey	S	CB	NA

* Course Objectives

11/4/25 – Satisfactory completion of NF Simulation #1. See the attached Lasater Clinical Judgment scoring sheet below. NS

11/24/25 – Satisfactory completion of NF Simulation #2. See the attached Laster Clinical Judgment scoring sheet below. CB

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: O=Observer

STUDENT NAME(S) AND ROLE(S): Isabella Blakely (O), Evelyn Zam (O)

GROUP #: 4

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/4/2025 1330-1430

CLINICAL JUDGMENT COMPONENTS NOTICING: (1,2,4,6,7) * <ul style="list-style-type: none"> • Focused Observation: E A D B 	<u>OBSERVATION NOTES</u> <u>Focused Observation</u> Observers did a great job actively paying attention to detail throughout scenario. Observed low SpO2 result and reported in debriefing the need for oxygen. Wanted to help peers with prompts, remember to strictly be observing the scenario in this role.
REFLECTING: (1,2,4,5,6,8) * <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<u>Evaluation/Self-Analysis</u> Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while recognizing their prompt intervention. <u>Commitment to Improvement</u> Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning	Lasater Clinical Judgement Rubric Comments: Noticing <u>Focused Observation:</u> Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Reflecting <u>Evaluation/Self-Analysis:</u> Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives <u>Commitment to Improvement:</u> Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops

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) *

specific plans to eliminate weaknesses

Satisfactory Completion of NF Simulation #1.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Isabella Blakely (A), Evelyn Zam (M)

GROUP #: 4

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/24/2025 1200-1300

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Identified name and DOB compared to wristband when entering the room for patient safety.</p> <p>Noticed low Spo2 (92%) when obtaining vital signs.</p> <p>Noticed patient had shortness of breath. Sought additional information to when it started and what makes it worse.</p> <p>Noticed cough.</p> <p>Noticed sputum/tissues in the bed. Sought further information related to duration of cough and sputum.</p> <p>Noticed crackles upon auscultation.</p> <p>Noticed patient was in pain. Sought additional information related to pain (rating, location). Noticed patient's pain 7/10.</p> <p>Sought additional information by re-evaluating the patient's breathing status after oxygen administration.</p> <p>Noticed order for morphine and need to perform dosage calculation.</p> <p>Sought information related to allergies prior to medication administration.</p> <p>Consider asking patient preference for injection location.</p> <p>Sought additional information after medication administration related to relief and comfort.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized vital signs when entering the room.</p> <p>Prioritized oxygenation status, made sense of SOB and physician order for oxygen at 2L NC.</p> <p>Prioritized pain assessment when noticing patient in pain. Remember to complete all steps of a pain assessment (discussed in debriefing).</p> <p>Made sense of need to communicate with medication nurse to medicate for pain.</p> <p>Made sense of the MAR related to pain rating and need for dosage calculation to be performed.</p> <p>Prioritized correct PRN pain medication (morphine for pain 7/10).</p>

	<p>Consider administering pain medications prior to continuing full assessment for patient comfort. Team members can collaborate to administer medications then return to complete full assessment.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Introduced self and role when entering the room for communication.</p> <p>Elevated HOB for shortness of breath</p> <p>Administered O2 via nasal cannula at 2L for Spo2 of 92%.</p> <p>Focused respiratory assessment performed.</p> <p>Performed pain assessment in response to patients' complaints of pain. Consider focusing your assessment on the location of pain (look, auscultate).</p> <p>Dosage calculation performed accurately to determine need to waste 1ml (2mg) of morphine. Ordered 4mg (2ml), administered 4mg (2mL). Remember to have witness to waste of excess narcotics (discussed in debriefing).</p> <p>Confirmed name, DOB, and allergies prior to medication administration. Utilized BMV correctly for medication administration. Educated patient on morphine ordered for pain.</p> <p>Cleaned injection site using aseptic technique. Remember to aspirate prior to injection. Good technique (90 degrees), pushed slowly. Selected SubQ needle size (25g, 5/8in.) instead of IM needle size (22g, 1in, discussed in debriefing). Did not correctly initiate safety after injection (discussed in debriefing).</p> <p>Good communication with the patient regarding plan for pain relief. Good communication among team members.</p> <p>Good communication with the patient during assessment for comfort.</p> <p>Re-evaluated Spo2 of 93% after oxygen administration and additional interventions.</p> <p>Consider providing information on alternatives to smoking such as a nicotine patch.</p> <p>Education on morphine once prompted by patient.</p> <p>Educated and encouraged patient on performing breathing exercises with incentive spirometry, coughing and deep breathing, and splinting with a pillow to help with pain/discomfort.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Discussed importance of performing a focused pain and respiratory assessment before completing a thorough head to toe assessment. Discussed medication error remediation and variance reporting. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.</p>

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 U= Unsatisfactory				Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. 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 a commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.										
Skills Lab Competency Evaluation Scenario Objectives: <ul style="list-style-type: none"> Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * Differentiate between need for complex head to toe vs. simple assessment and execute accordingly (1,5,6,8) * Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * Identify and provide accurate patient education (1,2,3,4,5,7) * Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) * 				Lab Skills										
Performance Codes: S: Satisfactory U: Unsatisfactory				Week 1 (4)* Date: 8/18/2025	Week 2 (2,5,8)* Date: 8/25/2025	Week 3 (2,3,4,5,8)* Date: 9/3/2025	Week 4 (2,3,4,5,8)* Date: 9/8/2025	Week 5 (2,3,4,5,8)* Date: 9/15/2025 9/18/2025	Week 6 (1,2,3,4,5,8)* Date: 9/22/2025	Week 7 (2,3,4,5,8)* Date: 9/29/2025	Week 8 (2,3,4,5,8)* Date: 10/6/2025 10/8/2025	Week 9 (2,3,4,5,8)* Date: 10/13/2025	Week 10 (2,3,4,5,6,8)* Date: 10/20/2025	Week 11 (2,5,7)* Date: 10/28/2025
Satisfactory completion of NF Simulation #2!														
Evaluation:				S	S	S	S	S	S	S	S	S	S	S
Faculty Initials				HS	HS	AR	AR	HS	AR	HS	FB	HS	AR	AR
Remediation:				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Date/Evaluation/Initials				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation:				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
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: Isabella Blakely

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 138/74 and you identified it as 130/72 which was not in the parameter. The second measurement was set at 124/62 and you interpreted it as 118/64. The third measurement was set at 158/72 and your interpreted it as 152/74. Great job! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts during completion of your 1:1 observation and provided accurate detail in your communication with the “patient”. You did a great job with your first Meditech documentation, however documented “RA” for oxygen rather than 2 liters nasal cannula 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. AR

Week 5 (Assessment; Mobility): Excellent job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. Job well done! 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- omitted nose, throat and mouth documentation. All other documentation was complete and accurate.

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. 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! HS

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

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. You did not require any prompts during the sterile glove application, Foley catheter insertion or 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 require a prompt for allowing the gauze to come in contact with the surrounding tissue of the wound when packing. Otherwise you 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! HS

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: ___Isabella Blakely 12/01/25_____