

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

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

**Student:** Brock Fortman

**Final Grade:** Satisfactory

**Semester:** Fall

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

**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:** Heather Schwerer MSN, RN

**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	S
b. Identify cultural factors that influence healthcare (Noticing).										S	S	NA	S	NA	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
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	S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	HS	HS	HS	HS	HS	HS	HS
<b>Clinical Location; Patient age**</b>		Meditech Orientation					3T: 3001, 87yo	NA	N/A	3T 49yo	3T 79yo	NA	3T 79yo	NA	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 7(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being you able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9 (1c,d) Great job showing respect for your patient's needs, while also being kind and compassionate. 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, you were able to recognize physiological needs of your patient when performing the head to toe assessment. HS

Week 10 (1 c,d)- You did a nice job respecting your patients needs and preferences while providing care. You were able to coordinate some of your assessment along with the primary nurses in order to minimize the discomfort that the patient was experiencing during movement. HS

Week 12 (1a,c,d) You spent time listening to your patient which was very important for him you allowed him to share stories from his past. You were able to incorporate his preferences and needs into the plan of care. You allowed him to have a say in the way that the care was provided while also educating him on the why certain interventions were being performed. HS

**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).							NI	NA	NI	S	S	NA	S	NA	NA	S
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	S	NA	S	NA	NA	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	S	NA	S	NA	NA	S
e. Collect the nutritional data of assigned patient (Noticing).										S	S	NA	S	NA	NA	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										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).										S	S	NA	S	NA	NA	S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 7 – NI for forgetting to measure the pupil size on the pt. Also, the pt was upright and eating so I neglected to palpitate/auscultate more than one location on her abdomen. Seemed OK, but I should have recognized that 48+hrs since last BM is an indicator that warrants deeper review even if pt reports as normal. (BM info was documented.)

Week 7 (2a,b): Brock, I will leave the rating of a “NI” but please don’t be so hard on yourself when it was first experience with a real patient. You will learn with experience how to complete a detailed head to toe assessment no matter what the patient is doing. You did a great job retrieving vital signs on your patient and both vitals and your head to toe assessment were completed in a timely manner. CB

Week 9 (2a,c,d)- You did a great job performing appropriate assessments. You provided pertinent information from assessments, labs, and diagnostic testing for your patient. Associated interventions were implemented that were relevant based off of the information gathered. Nice job identifying the abnormal findings in your HEENT assessment! HS

(2g) Great job interpreting the lab data and diagnostic procedures specific to your patient. HS

Week 10 (2a-f)-You did a nice job completing a thorough head to toe assessment and inspecting the patient’s skin. With the thorough skin assessment, you were able to identify that the patient’s heel was reddened from pressure, and off load the heel to prevent any additional injury. Great job! HS

Week 12 (a, b, c, d) Nice job on your head to toe assessment. You were able to identify that you had a difficult time finding his dorsalis pedis pulse, and discussed this with the patient in which he informed you he had an injury many years prior to his foot. You were able to determine that your patient was a high fall risk and ensure precautions were implemented. HS

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

**Faculty/TA Initials**

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 7 – NI because I should have asked more follow-up questions rather than relying on Chandra to help me clarify what was said.

Week 7(3a,c,d,e): Great job receiving hand off report on your patient. I understand there was a lot of information you did not understand or maybe catch, but once again this was your first-time getting report by an off going nurse. Good job using medical terminology while communicating with your patient, reporting abnormal findings, and communicating effectively with your staff RN. CB

Week 9 (3a-f) You were able to get a report from the night shift nurse and update the nurse prior to leaving at the end of the shift. You did a nice job communicating with your patient and the other members of the healthcare team during the shift. HS

Week 10 (3a,c,d,e) Great job receiving hand off report on your patient. You did a nice job using medical terminology while communicating with the other healthcare providers, reporting abnormal findings, and communicating effectively with the primary RN. You discussed your finding of the patients reddened heel with the primary nurse and informed her of your intervention of elevating the heel. HS

Week 12 (3a-f) You did an excellent job receiving report and asking questions to gather all necessary information. You communicated with the nurse throughout the shift to keep her informed of the care you provided. You updated her when the patient needed to have a bladder scanned completed. You were then able to perform the bladder scan and update her on the post void residual. You were also able to assist the patient while he was communicating with his wife on the phone regarding the plan of care that the doctor had discussed with the patient. HS

**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>																
a. Document vital signs and head to toe assessment according to policy (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
b. Document the patient response to nursing care provided (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).*		S					S	NA	S	S	S	NA	S	NA	NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).*		S							S	S	S	NA	S	NA	NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).										S	S	NA	S	NA	NA	S
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).							S	NA	S	S	S	NA	S	NA	NA	S
<b>*Week 2 –Meditech Orientation</b>		NS					CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

**Faculty/TA Initials**

\* End-of-Program Student Learning Outcomes

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

**Comments:**

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

Week 7(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! CB

Week 9 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job!

(4f)- Nice job on your initial CDG post and the peer response you met all of the rubric requirements and provided a thorough response to your peer. When thinking of priority problems, think of things such as deficient fluid volume or electrolyte imbalance. We want to avoid using medical diagnoses for priority problems. HS

Week 10 (4a, b, c)- You did a nice job this week documenting all of the abnormal assessment findings within the EMR.

(4f)- Nice job on your initial CDG post and the peer response, you met all of the rubric requirements and provided a thorough response to your peer. I would agree with a priority problem of impaired bowel continence for you patient, nice job! HS

Week 12 (4a-e) You continue to improve on your documentation skills each week. You were able to document this week on additional interventions such as the bladder scan. You are able to successfully navigate the EMR to obtain specific information on the patient regarding lab values and diagnostic exams.

(4f)- Nice job on your initial CDG post, and peer response you met all of the rubric requirements. You discussed several potential problems, for this particular patient I am thinking the priority problem would be infection since he already has an infection and it is being treated for it, and he will continue to receive treatment upon discharge. Your peer response was thorough and provided additional insight into the discussion. Nice job! HS

**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
<b>Competencies:</b>																
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										NA	NA	NA	NA	NA	NA	NA
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
e. Organize time providing patient care efficiently and safely (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
f. Manages hygiene needs of assigned patient (Responding).										S	S	NA	S	NA	NA	S

g. Demonstrate appropriate skill with wound care (Responding).											S	NA	NA	NA	NA	S
<b>h. Document the location of fire pull stations and fire extinguishers. **</b> (Interpreting).							S	NA	S							S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	HS						

\* End-of-Program Student Learning Outcomes

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

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

**Comments:**

Week 7. H - Fire extinguisher and pull station are beside **Exit Stairs 2 and Room 3010.** CB

Week 7(5a,b): Great job utilizing correct body mechanics while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms, following correct infection prevention measures. CB

Week 9 (5d,e) You demonstrated great management of care for your assigned patient making sure all pertinent interventions were completed. You organized your time appropriately to provide safe, efficient care to ensure positive patient outcomes. HS

Week 10 (5d,e) You demonstrated great management of care for your assigned patient making sure that all pertinent interventions were completed. You organized your time appropriately to provide safe, efficient care to ensure positive patient outcomes. You had a different patient each day, and planned your time appropriately so that you could get everything completed and still have time to review the chart for the necessary information. HS

Week 12 (5b, d, f) You did a nice job maintaining contact precautions while providing care to your patient. You were able to perform a bladder scan for the first time with guidance. You were able to manage your time efficiently in order to complete all interventions as well as administering medications on the second day. HS

<b>Objective</b>																
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> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).										S	S	NA	S	NA	S	S
<b>Faculty/TA Initials</b>		NS							CB	HS	HS	HS	HS	HS	HS	HS

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 9 (6a) Excellent job utilizing your clinical judgment skills to care for your patient this week. You assured the plan of care fit your patient's needs and preferences. You will continue to grow in these skills as you progress through the semester and program. HS

Week 10 (6a)-Nice job utilizing your clinical judgment skills for each patient this week. You were able to plan your care around the specific needs of the patient. HS

Week 12 (6a) You were able to utilize your assessment skills and clinical judgment skills in order to establish a patient centered plan of care specific to your patient. HS

Week 14 (6a) Nice job on your nursing care map. You are satisfactory. HS

<b>Objective</b>																
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	S
b. Recognize patient drug allergies (Interpreting).													S	NA	NA	S
c. Practice the rights of medication administration and safety checks prior to medication administration (Responding).													S	NA	NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).													S	NA	NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).													S	NA	NA	S
f. Assess the patient response to PRN medications (Responding).													S	NA	NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).												S	S	NA	NA	S
<b>*Week 11: BMV</b>		NS							CB			HS	HS	HS	HS	HS
<b>Faculty/TA Initials</b>																

\* 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

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	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)							S	NA	S	S	S	NA	S	NA	NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S	S	S	NA	S	NA	NA	S
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
g. Comply with patient’s Bill of Rights (Responding).							S	NA	S	S	S	NA	S	NA	NA	S
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	S
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	S	S	NA	S	NA	NA	S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

Week 12 (7a-g)- You did an excellent job with your first medication administration this week. You were able to identify why your patient was receiving each medication, potential side effects, and appropriate patient education. You followed the 7 rights of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. You were able to administer both oral, and subcutaneous medications. HS

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

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

**Comments:**

Week 7 – A. Strength: Friendliness – I’m thankfully able to go into a room and develop a rapport with a stranger pretty easily under most circumstances.

Week 7 – B. Weakness: Healthcare Jargon – I’m still new to many of these medical terms that were given in the nurse’s report at the beginning of the shift. I will devote another hour per week with the Medical Terminology book, past PPT packets and/or the Perry textbook until I am confident that I can hear a lot of abbreviations and know exactly where they would go on the SBAR sheet. **Brock, this is an excellent plan to ensure that you are keeping up with the abbreviations and medical terminology that you will hear during report and see in documentation in the patient’s chart. CB**

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

Week 9 – A. *Strength:* I was able to identify important health factors that were not in the patient’s EMR, then added them to the electronic record. For example, the chart mentioned “normal” HEENT function while I discovered that the patient was blind in her left eye and had been “for a long time.” I also noticed that the patient had dentures and was able to retrieve a cup so that she could remove them. Correctly going through each step of the head-to-toe and noticing abnormalities was a strength this week.

**Great job! HS**

Week 9 – B. *Area of Growth:* I could learn more about the typical medical accessories used in a hospital setting. For example, I didn’t instantly know that my patient was on monitored telemetry based on the gray box in the front pocket of her gown. I will spend time this upcoming week during clinicals in the PAR room (and other supply area if possible?) getting to know what certain devices look like so that I’m able to find them in an emergency situation and/or if I don’t get as much time with a patient. I will also spend time learning how to identify what should be on/around my patient based on a more informed reading of Meditech. **Great idea! Becoming aware of where things are located so that you are able to quickly find them in an emergency situation is important (such as suction). HS**

Week 10 – A. *Strength:* I was able to apply the wound care knowledge from the lecture last week and the quiz this past Monday into my head-to-toe assessment, finding a potential pressure ulcer on the right heel of my patient. Her severe pain was limiting mobility, and that bony prominence was not getting enough blood flow to keep the tissue healthy. I was able to find a pillow (per last week’s “area of growth”) and place it under her calf, relieving the pressure on that spot after showing it to the RN and documenting the finding. **Great job completing a thorough head to toe assessment and identifying the redness on her heel. HS**

Week 10 – B. *Area of Growth:* Though I’ve improved over the past few weeks, I still need to learn where to find information in Meditech more quickly. My original time in the room was longer than it should have been in part because I had to keep going back to the patient after realizing that there was yet another box that needed checked. Next week (11) when I don’t have in-hospital clinicals, I will spend time in the computer lab getting to know the software better by going through the pt charts that I’m permitted to read (from patients I’ve had so far). That should help improve my speed and give my patients more time to rest. **You can utilize the Meditech test environment with our test patient to familiarize yourself with Meditech. Please let me know if you have questions regarding this. It will also become easier with each experience you have in the charting system. HS**

Week 12 – A. *Strength:* Noticing. I was in the pt’s room documenting the last pieces of his head-to-toe on Wednesday when his wife called, and I noticed that he did not recall many of the important medical facts that had been relayed to him by the physician a few minutes prior about a PICC line insertion (likely caused by his dementia). So, the next day when he called his wife, I made a point to remain in the room in order to provide him information *if requested* so that he could share it accurately. (I only shared info when he addressed me directly so as not to violate HIPAA, and I stayed only after he decided to make the call on speakerphone while I was still in the room.) My ability to notice that seemingly minor communication moment likely gave his primary caretaker some important information that she would not have received otherwise. **Great job! Many times patients look to us to help them explain to their family members what the doctor has discussed with them regarding the plan of care. HS**

Week 12 – B. *Area of Growth:* On Wednesday, I requested help with my instructor on auscultating the pt’s lung sounds when I heard crackles and after I got a low SpO<sub>2</sub> reading. I should have recalled my training on oxygenation and had the client perform additional deep breathing and coughing exercises—and then reassess the lung sounds and SpO<sub>2</sub>—before I asked for assistance, especially considering we had just gone over that material in lecture the week prior. From now on, if it’s not a medical emergency,

I should use the extra time I have in clinicals to think through possible treatments that I learned in Foundations lecture and lab before asking someone to help me. I will seek out NCLEX style questions this upcoming week for head-to-toe assessments so that I can improve my responses to predictable problems. **Excellent plan! HS**

**Final comment- Brock, you did an excellent job this semester! You came to clinical each week ready to learn and grow from new experiences. You have grown throughout the semester in your confidence, knowledge, and skill set. You did not get the opportunity to insert, care for, or remove an NG or Foley catheter, so please seek out these opportunities in your MSN semester. I look forward to seeing you continue to grow next semester. Great job this semester! HS**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/13/2025	Pain	S/HS	N/A

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: Brock Fortman		Course Objective: Develop patient-centered plans of care utilizing the nursing process					
Date or Clinical Week: 11/17/2025							
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*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job! You listed 16 abnormal assessment findings for the patient. You listed several abnormal lab values and two diagnostic tests that your patient had. You listed several risk factors for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You provided a thorough list of nursing priorities and selected an appropriate priority problem for the patient. You set an appropriate goal for the patient. You highlighted the appropriate related data from the boxes. You could also consider highlighting recent fall within the risk factor category. You provided a nice list of potential complications with the signs and symptoms to monitor the patient for. Pneumonia would be another potential complication to consider.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Respondin</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job selecting interventions that are specific to your patient. You prioritized them appropriately and included a frequency for all but one intervention.
	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	

oe	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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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	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You reassessed all of the abnormal assessment and diagnostic findings that you highlighted plus added some additional findings. You determined that the plan of care is to be continued.
	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. **Both included in care map. HS**  
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:

**Brock,**  
**Great job on your first nursing care map! You were able to identify the priority problem based off of your abnormal assessment, lab findings/diagnostic tests and risk factors. You were able to determine interventions specific to the priority problem and individualize them to the patient. You were then able to re-evaluate your initial abnormal findings. Nice job! HS**

**Total Points:45/45**

**Faculty/Teaching Assistant Initials: HS**

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

Student Name: Brock Fortman					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation <small>*(Refer to LCJR)</small>	Faculty Initials	Remediation Date/Evaluation/Initials
Date: 11/11/25	Simulation #1 (2,3,5,8) *	Scenario	S	HS	N/A
		Survey	S	HS	N/A
Date: 11/25/25	Simulation #2 (2,3,5,7,8) *	Scenario	S	HS	N/A
		Survey	S	HS	N/A

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: O=Observer**

STUDENT NAME(S) AND ROLE(S): Brock Fortman (O), Noah Henry (O)

GROUP #: 7

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/11/2025 1000-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p><b>NOTICING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>Focused Observation:            E            A            D            B</li> </ul>	<p>Noticed several observations in student's performance, both positive and negative.</p> <p>Focused observation performed on students following rights of medication administration.</p> <p>Noticed several interventions that could have been performed in a timelier manner or more effectively. Noticed some omissions in the head to toe assessment.</p> <p>Noticed the importance of slowing down during assessments.</p>

	<p>Noticed the importance of communication and education regarding medication administration.</p> <p>Noticed the importance of teamwork and collaboration in the healthcare environment.</p> <p>Both observers had a strong list of observations that were shared in debriefing. (Evaluation lacking specifics due to evaluator forgetting to collect observation paperwork 😊).</p> <p>Very thorough in noticing skills and communicating suggestions to peers.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:    <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> <li>• Commitment to Improvement: <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> </ul>	<p>Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Provided details on the importance of medication education. Observers provided feedback to performing students regarding appropriate prioritization related to low Spo2 and interventions to be performed. Strong insight was provided regarding slowing down during assessments. Observers did a great job leading debriefing in a positive, constructive manner. Shared insights on personal decision making and advice on how to handle certain situations. Throughout debriefing, observers used constructive feedback in a positive manner while also suggesting areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</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><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives.</p> <p><b>Reflecting:</b> Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p> <p><b>Satisfactory completion of NF Simulation #1.</b></p>

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Brock Fortman (M), Noah Henry (A)

GROUP #: 7

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/25/2025 0900-1000

CLINICAL JUDGMENT COMPONENTS						<b>OBSERVATION NOTES</b>
<p><b>NOTICING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           <b>E</b>       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           <b>E</b>       A       D       B</li> </ul>						<p>Notices patient is coughing. Seeks further information about cough and characteristics.            Recognizes patient is in pain. Seeks further information about the patient's pain.            Notices tissues with yellow sputum.            Notices patient's lung sounds are abnormal.            Recognizes the patient's SpO2 is decreased and oxygen is required per the healthcare provider's order.            Does not notice the patient's elevated respiratory rate.            Recognizes the need to waste (2 mg) 1mL of morphine to administer the correct dose.</p>
<p><b>INTERPRETING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               <b>E</b>       A       D       B</li> <li>• Making Sense of Data:       <b>E</b>       A       D       B</li> </ul>						<p>Prioritizes patient's pain and respiratory complaints.            Interprets patient's lung sounds as crackles.            Interprets the patient's SpO2 as low.            Prioritizes the need to apply oxygen.            Interprets the patient's pain as severe and understands the need to administer Morphine - administration is delayed.            Medication nurse initially interprets the wrong dose of Morphine, is then assisted by the assessment nurse to determine correct dose.</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       <b>A</b>       D       B</li> </ul>						<p>Assessment nurse introduces self but does not identify the patient.            Raises HOB, inquires about the patient's cough.</p>

<ul style="list-style-type: none"> <li>• Clear Communication: E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility:     <b>E</b>     A     D     B</li> <li>• Being Skillful: B     E     <b>A</b>     D</li> </ul>	<p>Performs a focused pain assessment - utilizes PQRST (omits the rating). Medication nurse prompts assessment nurse to ask for pain rating.</p> <p>Performs a focused respiratory assessment (does not lower the patient's gown).</p> <p>Begins to provide some education about the use of an Incentive Spirometer.</p> <p>Obtains patient's SpO2 – 91% on RA. Applies 2L of oxygen via Nasal Cannula. Did not check patient's respiratory rate.</p> <p>Provides education on ambulation and use of the Incentive Spirometer. Uses demonstration and teach back. Education is provided on coughing and deep breathing.</p> <p>Communicates assessment information with the medication nurse.</p> <p>Continues with head to toe assessment. Initiates fall precautions.</p> <p>No reassessment of SpO2 after oxygen is applied.</p> <p>Medication nurse enters the room and identifies the patient. Reassessment of pain is performed before administration. Education provided on the IM injection process. Correct amount of medication is wasted with assessment nurse as witness – 2 mg (1 mL). Scans patient, scans medication. Does not verify allergies. Applies appropriate size needle. Does not clean patient. Good technique overall, but no aspiration. Administers correct dose of medication 4 mg (2 mL). Education provided about medication when prompted by the patient.</p> <p>Attempts to reassess pain.</p> <p>Education provided on smoking cessation.</p> <p>Returns to obtain patient's temperature.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement:     <b>E</b>     A     D     B</li> </ul>	<p>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future (i.e. verifying allergies, organization of care, educating the patient after pain is controlled, etc.).</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>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *</li> <li>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> <li>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *</li> </ul>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</p> <p>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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p><b>Satisfactory completion of NF Simulation #2.</b></p>
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Firelands Regional Medical Center School of Nursing  
Nursing Foundations 2025  
Skills Lab Competency Tool

Student Name: Brock Fortman

<b>Skills Lab</b> <b>Competency Evaluation</b>  Performance Codes:  S: Satisfactory  U:Unsatisfactory	Lab Skills										
	Week 1 (4)*	Week 2 (2,3,5,8)*	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Date: 8/18/2025	Date: 8/25/2025	Date: 9/3/2025	Date: 9/8/2025	Date: 9/15/2025 9/18/2025	Date: 9/22/2025	Date: 9/29/2025	Date: 10/6/2025 10/8/2025	Date: 10/13/2025	Date: 10/20/2025	Date: 10/28/2025
Evaluation:	S	S	U	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	AR	AR	CB	AR	HS	FB	CB	AR	AR
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	9/3/2025 S/AR	NA	NA	NA	NA	NA	NA	NA	NA
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

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):**

Great job in the lab this week! During your 1:1 vital signs observation, you were satisfactory with obtaining an oral temperature, radial pulse, respiratory rate, and pulse oximetry. You were not able to accurately identify three out of three blood pressures measurements therefore your overall first observation was unsatisfactory. The blood pressure measurements were as follows: the first was set at 146/82 and you identified it as 148/96. The second blood pressure was set at 126/70 and you identified it as 118/82. The third was set at 138/74 and you identified it as 138/88. It was noted that you were releasing the valve too quickly which likely led to the difficulty with these results. You did receive one prompt during this first attempt due to not lowering the bed and raising the siderail when you completed the assessment. Also, as a reminder, always verify the wristband/ID band as the patient is stating their name and date of birth. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments.

Upon remediation for the blood pressure portion of the skills, you accurately identified two out of three measurements: The first was set at 124/68 and you identified 120/78 which was out of the parameter. The second was set at 146/74 and you identified 144/74. The third was set at 138/80 and you identified it as 138/82. Great job with this remediation. You took my feedback well and ultimately had success.

You did a great job with your first Meditech documentation. All areas were accurate and complete. Keep up the great work!! 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: *Brock Fortman* Monday, December 1, 2025