

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

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

**Student:**

**Final Grade:** **Satisfactory**

**Semester:** **Fall**

**Date of Completion:**

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

**Faculty eSignature:**

**Teaching Assistant:** **Stacia Atkins**, BSN, RN

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

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

Stacia Atkins

SA

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

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Objective																
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
<b>Competencies:</b>																
a. Identify spiritual needs of patient (Noticing).										S	S	NA	S	NA	NA	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).							NA	S	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).							NA	S	S	S	S	NA	S	NA	NA	S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
<b>Clinical Location; Patient age**</b>		Meditech Orientation					NA	3T, 84 y.o.	N/A	4N, 62 y.o.	4N, 84 y.o.	N/A	4N, 78 y.o.	N/A	N/A	

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

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

**Comments:**

Week 8(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): Great job this week coordinating care around your patient's needs and preferences. CB  
 Week 10(1d): You did a great job this week utilizing Maslow's to determine the needs of your patient, ensuring that appropriate measures were taken. CB

**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).							NA	S	S	S	S	NA	S	NA	NA	S
b. Use correct technique for vital sign measurement (Responding).							NA	S	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	N/A
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	CB	CB	CB	CB	CB	CB	CB

Week 12(1a,b,d): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. You did a nice job meeting the needs of your patient, using Maslow's. CB

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 8(2a,b): Great job this week performing your first head to toe assessment on a real patient. You performed a systematic head to toe and retrieved all vital signs within a timely manner. CB

Week 9(2a,b,c,g): Great job completing your head to toe assessment and obtaining vital signs on your patient. You did a good job ensuring safety, completing the John Hopkins Fall Risk Assessment, and you were able to describe the factors that related to that score in your CDG. You were also able to discuss a priority problem for your patient and lab and diagnostic findings that may correlate to that diagnosis. CB

Week 10(2a,e,g): Your great with performing and documenting your head to toe assessment on your patient. You were able to obtain nutritional data on your patient and correlate the importance of good nutrition related to your patient's situation. You were able to discuss diagnostic studies that were performed on your patient that led to the priority problem of impaired skin integrity. CB

Week 12(2a,d,g): Great job performing your head to toe assessment, being very thorough and detailed. Although you are unable to document a skin assessment, this was also performed during your head to toe. You did a nice job describing labs and diagnostic test that you patient had performed related to their priority problem. CB

**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>							NA	S	S	S	S	NA	S	NA	NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).										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).							NA	S	S	S	S	NA	S	NA	NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).							NA	S	S	S	S	NA	S	NA	NA	S
e. Communicate effectively with patients and families (Responding).							NA	S	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).							NA	S	S	S	S	NA	S	NA	NA	S
<b>Faculty/TA Initials</b>		NS					CB	CB	CB	CB	CB	CB	CB	CB	CB	CB

\* End-of-Program Student Learning Outcomes

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

**Comments:**

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting abnormal findings, and communicating effectively with your staff RN. CB

Week 9(3b,e): Great job with handing off pertinent information related to your patient before the end of the clinical day. You did a great job communicating with the bedside nurse, patient, and peers. CB

Week 10(3b,d,e): You did a great job reporting off and accurately reporting any sort of changes to the bedside nurse. You were also to have effective communication with your patient and your peers this week, good job! CB

Week 12(3e): Excellent job this week communicating with your patients, peers, and floor staff. You did a nice job communicating during your medication pass, ensuring that your patient was aware of what meds they were receiving. CB

**Objective**

3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)\*

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

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**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(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! Remember whenever you reference the book, you need an intext citation each time. CB

Week 9(4a,f): You did a good job this week with documentation of your findings while obtaining vital signs and a head to toe assessment on your patient. Your CDG was satisfactory completing all requirements per the CDG grading rubric. CB

Week 10(4c,f): You were able to access the EMR this week in clinical to collect data related to your patient's nutritional status and AM-PAC mobility level. Great job on your CDG, meeting all requirements per the grading rubric. CB

Week 12(4c,e,f): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. Satisfactory completion of your cdg, following the cdg grading rubric, nice job! CB

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

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

**Comments:**

**week 8- Pull station is located outside of the main elevators close to the nurse station. The Fire extinguisher is located to the left of the nurse station. Thanks! CB**

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9(5d,f): Great job managing basic patient care needs and providing hygiene needs for your patient. CB

Week 10(5a,c,d,g): Excellent job this week ensuring that your patient was educated on the importance of getting up to the chair and ensuring that the correct technique was utilized. You were able to manage basic care needs with knowledge and preparation. Great job completing the task of straight cathing a patient. You were able to use appropriate technique while maintaining sterility. Good job completing wound care of a pressure ulcer on the heel and a lower leg ulcer. You were able to use clean technique with the appropriate supplies and ordered solutions. CB

Week 12(5c,e): Nice job discontinuing a patient's indwelling catheter, following correct technique. Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB



<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	<b>S</b>
<b>Faculty/TA Initials</b>		NS							CB	CB	CB	CB	CB	CB	CB	<b>CB</b>

\* End-of-Program Student Learning Outcomes

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**Comments:**

Week 9(6a): You did a great job using clinical judgement skills this week in clinical. You knew that your patient’s priority problem related to the knee injury. You were able to correlate diagnostic findings and labs, to implement interventions related to the problem. CB

Week 10(6a): Great job using clinical judgement this week during your clinical time with your patient. You were able to put pieces of assessment data together to recognize your patient’s priority problem of impaired skin integrity. Great job correlating findings to your priority. CB

Week 12(6a): You were able to develop a plan of care for your patient related to their priority problem this week in clinical, good job! In your cdg, you listed appropriate interventions you implement for your patient’s priority problem. CB

Week 14(6a): Satisfactory completion of your first nursing care map per the grading rubric. Please see the attached care map grading rubric below for my feedback. CB





<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).												NA S	S	NA	NA	S
<b>*Week 11: BMV</b>																
<b>Faculty/TA Initials</b>		NS							CB				CB	CB	CB	CB

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

Week 12(7a-d, g): You did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You reassessed your patient after giving medications, ensuring their safety. You followed the 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. CB



\* End-of-Program Student Learning Outcomes

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

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

**Comments:**

**Week 8- My strength was communicating with the pt and having a good conversation while getting the job done. My weakness was that I forgot to have my pt squeeze my hands and push against my hands with his feet. I will practice my head to toe assessment on 2 people before my next clinical. Aubrey, you did a great job communicating with your patient this week! You will find that when you are documenting in your patient’s room that if you forgot any step of the assessment you would be able to just complete it then. You have a great plan in place to help you remember all of the steps! CB**

Week 8(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- My strength this week was noticing the turnaround of my pt, keeping clam, and making sure to note all the changes in a focused neuro assessment before leaving. My weakness this week was forgetting my papers and not being as prepared as I should have been. Next week I will make sure to have my things together the night before clinical. Aubrey, great job noticing what was going on with your patient and the changes that happened with in such a short period of time. This is why it is important to complete a full assessment on your patient so you can realize even the smallest of changes. You have a great plan in place to make sure that you are prepared for your next clinical experience. CB

Week 10- My strength this week performing wound changes and assessment for the first time after just checking off. I also got to do a straight cath which I now feel confident with. My weakness this week might have been my communication with my patient. Although I tried to communicate with him as best as I could, he was very hard of hearing which made our communication kind of hard. Next time I have a patient that is hard of hearing, I will make sure they have hearing aids and fully understand everything I say. You did a great job this week with both wound care but also straight cathing a patient. Communication may be hard some times with patients, but the more experience you get the more ways you will come up with to help in those situations. CB

Week 12- My strength this week was being the first one to volunteer to do chest compressions and successfully giving my pt her meds which included a heparin shot subcutaneously. My weakness this week was maybe being scared about using the Pixsus and actually giving meds to a real pt. This is normal when doing it for the first time, but you should be confident when giving meds to a pt. You did a great job during your first med pass and thank you for volunteering although you didn’t get the opportunity to do chest compressions. The pyxis can be very daunting until you get used to it with drawers and lids popping open and then the doors with the bins and finding the correct number to pull meds. You did a great job and with more experience, I promise it will get easier. CB

**Final comment: Aubrey, you did an excellent job this semester! You came to each clinical prepared and ready to take on any patient assigned to you. You have grown over the weeks with your confidence and knowledge of not only the environment of the hospital and clinical setting, but also your patients and their needs. Every single one of your patient’s were pleased with the care you provided and the time that you spent with them. You did not get the opportunity to perform NG care, so please seek this opportunity out in your MSN semester. Great job, and I am excited to see your growth continue! CB**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/17/2025	Impaired Skin Integrity	*S/CB	*NA/CB

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: <b>Aubrey Yost</b>		Course <b>Develop patient-centered plans of care utilizing the nursing process.</b>					
Date or Clinical Week: <b>11/17/2025</b>		Objective: <b>(3,4,5,6,7)*</b>					
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	<b>(lists at least 7*) *provides explanation if &lt; 7</b>	<b>(lists 5-6)</b>	<b>(lists 5-7 but no specific patient data included)</b>	<b>(lists &lt; 5 or gives no explanation)</b>	<b>3</b>	Great job listing abnormal assessment findings and lab/diagnostics (only abnormal needs listed). A couple of things that should be included are 2 assist with walker, mepilex to coccyx, and wounds to BLE. Risk factors were accurate but BLE chronic venous stasis and CHF should have been included.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	<b>(lists at least 3*) *provides explanation if &lt; 3</b>		<b>(lists 3 but no specific patient data included)</b>	<b>(lists &lt; 3 or gives no explanation)</b>	<b>3</b>	
	3. Identify all risk factors relevant to the patient.	<b>(lists at least 5*) *provides explanation if &lt; 5</b>	<b>(lists 4)</b>	<b>(lists 3)</b>	<b>(lists &lt; 3 or gives no explanation)</b>	<b>3</b>	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>1</b>	Nice job listing nursing priorities for your patient and highlighting the appropriate priority problem! Remember to go through Skyscape and list all priorities that are related to your patient. Risk for adult pressure injury, self-care deficit, decreased activity intolerance, impaired gas exchange, ineffective peripheral tissue perfusion, and risk for falls could have been included. When highlighting relevant data from the noticing boxes, only highlight what is related to your priority problem. Lung sounds, RR, O2 saturation, and trouble ambulating would not be relevant for your priority problem. Infection and delayed wound healing are potential complications for your patient's nursing priority problem. Mobility would not be a potential complication because your patient has mobility issues already. Pain or sepsis would be relevant potential complications.
	5. State the goal for the top nursing priority.	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>3</b>	
	7. Identify all potential complications for the top nursing priority problem.	<b>(lists at least 3)</b>	<b>(lists 2)</b>		<b>(lists &lt; 2)</b>	<b>2</b>	
	8. Identify signs and symptoms to monitor for each complication.	<b>(lists at least 3)</b>	<b>(lists 2)</b>		<b>(lists &lt; 2)</b>	<b>2</b>	
<b>Respo</b>	9. List all nursing interventions relevant to the top nursing priority.	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>3</b>	Excellent job listing appropriate interventions that were individualized for your patient. Interventions need to be prioritized to your patient's priority
	10. Interventions are prioritized	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>2</b>	

<b>nding</b>	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	problem. Although oxygen carries hemoglobin which aids in wound healing, your assessments of the wounds and circulation should be first. Collaboration with the wound nurse for dressing changes/orders could have been included in the interventions as well as case management to assist with planning wound care after discharge.
	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		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	Good job reassessing your patient to complete the reflecting/evaluation portion of the care map. Anything that is highlighted in the assessment box and lab/diagnostic box needs to be reevaluated for this portion. If data does not change, example HR 88, in the reevaluation portion you would put HR 88. I agree that it is appropriate to continue the plan of care on your patient!
	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	

<p><b>Reference</b></p> <p>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.</p>	
<p>Total Possible Points= 45 points  <b>45-35 points = Satisfactory</b>  34-23 points = Needs Improvement*  &lt; 23 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</b></p> <p><b>Faculty/Teaching Assistant Comments: Aubrey, you did an excellent job completing your first care map! Remember when completing assignments with a grading rubric and guidelines, always have them out to follow. Keep up all of your hard work! CB</b></p>	<p><b>Total Points:</b> 39/45</p> <p><b>Faculty/Teaching Assistant Initials:</b> CB</p>

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

<b>Student Name:</b>					
<b>Performance Codes:</b> S: Satisfactory U: Unsatisfactory			<b>Evaluation</b> <small>*(Refer to LCJR)</small>	<b>Faculty Initials</b>	<b>Remediation Date/Evaluation/Initials</b>
<b>Date:</b> 11/4/25 or 11/11/25	Simulation #1 (2,3,5,8) *	Scenario	S	CB	NA/CB
		Survey	S	CB	NA/CB
<b>Date:</b> 11/24/25 or 11/25/25	Simulation #2 (2,3,5,7,8) *	Scenario	S	CB	NA/CB
		Survey	S	CB	NA/CB

\* Course Objectives

# Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: O=Observer**

STUDENT NAME(S) AND ROLE(S): Patricia Stevens (O), Aubrey Yost (O)

GROUP #: 8

SCENARIO: NF #1

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<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><b>Focused Observation</b>                      Observers did a great job actively paying attention to detail throughout scenario.                      Observed low SpO2 result and reported in debriefing the need for oxygen.                      Observed all medication rights appropriately followed.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis:    E            A            D            B</li> <li>Commitment to Improvement: E            A            D            B</li> </ul>	<p><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 also discussing the need for prompt intervention in debriefing.</p> <p><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. Feedback provided on respecting patients privacy and their length of being exposed during assessment.</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>  <b>A= Accomplished</b>  <b>D= Developing</b>  <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> </ul>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p><b>Noticing</b>  <u>Focused Observation:</u> Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information</p> <p><b>Reflecting</b>  <u>Evaluation/Self-Analysis:</u> Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives</p> <p><u>Commitment to Improvement:</u> Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to</p>

<ul style="list-style-type: none"><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>eliminate weaknesses</p> <p><b>Satisfactory completion of NF Simulation #1.</b></p>
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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Patty Stevens (M), Aubrey Yost (A)

GROUP #: 9

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/25/2025 1100-1200

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:           E       A       <b>D</b>       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Notices patient has a cough.</p> <p>Notices tissues with yellow sputum.</p> <p>Recognizes the patient's SpO2 is decreased and oxygen is required per the healthcare provider's order.</p> <p>Notices patient's lung sounds are abnormal.</p> <p>Initially does not recognize the patient is in pain based on cues.</p> <p>Does not recognize the patient's morning medications have already been administered – prepares to administer them.</p> <p>Recognizes the need to waste (2 mg) 1 mL 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:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>Interprets patient's SpO2 as decreased.</p> <p>Prioritizes applying oxygen on the patient.</p> <p>Prioritizes a focused respiratory assessment.</p> <p>Interprets patient's lung sounds as crackles.</p> <p>Initially does not prioritize a pain assessment.</p> <p>Incorrectly interprets medication administration record (i.e. date of last administration).</p> <p>Interprets the patient's pain as severe and understands the need to administer Morphine - administration is delayed.</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E       A       <b>D</b>       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       <b>A</b>       D       B</li> <li>• Being Skillful:                   E       A       <b>D</b></li> <li style="padding-left: 20px;">B</li> </ul>						<p>Assessment nurse introduces self and identifies patient.</p> <p>Obtains vital signs- T-99.5, SpO2-91% RA, HR-88, BP-138/80, (No RR).</p> <p>Applies 2L of oxygen via Nasal Cannula.</p> <p>Performs a focused respiratory assessment.</p> <p>Provides some education on coughing and deep breathing and repositioning when prompted by the patient asking questions.</p> <p>Continues with a head to toe assessment. No comparison bilaterally.</p> <p>No reassessment of SpO2 after oxygen is applied.</p> <p>Performs a pain assessment – attempts to utilize PQRST (No rating).</p> <p>Medication nurse enters the room and performs a focused pain assessment.</p>

	<p>Utilizes PQRST.</p> <p>Medication nurse identifies the patient and scans the wristband. Prepares to administer morning PO medications, then re-verifies the need to administer the medications after prompted by the patient. Returns to administer Morphine, initially plans to administer the medication IV – is stopped by the assessment nurse. Exits the room to obtain a needle. Selects the appropriate needle size. Does not scan the patient or medication. Does not verify allergies. Cleans patient’s arm. Good technique overall, but no aspiration. Administers 4 mg (2 mL) IM. Attempts to provide education about the medication after it is administered.</p> <p>Attempts to provide education on the Incentive Spirometer.</p> <p>Smoking cessation is encouraged, but limited education is provided.</p> <p>Medication nurse reassesses pain.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:    E        <b>A</b>        D        B</li> <li>• Commitment to Improvement: E        <b>A</b>        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. safe medication administration, communication, patient education, prioritization).</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: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. 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.</p> <p>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.</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. 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. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences;</p>

	identifies strengths and weaknesses; could be more systematic in evaluating weaknesses  <b>Satisfactory completion of NF Simulation #2.</b>
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<b>Skills Lab Competency Evaluation</b>  Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Lab Skills</b>										
	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: 9/2/2025	Date: 9/8/2025	Date: 9/15/2025 9/18/2025	Date: 9/22/2025	Date: 9/29/2025	Date: 10/6/2025	Date: 10/13/2025	Date: 10/20/2025	Date: 10/28/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	NS	AR	HS	AR	NS	NS	HS	AR	AR
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Remediation: Date/Evaluation/Initials</b>	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: Aubrey Yost

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 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 consecutive blood pressure results on the Vital Sim manikin for a satisfactory evaluation. The first blood pressure measurement was set at 134/78, and you identified it as 130/82, which was within range for a satisfactory result. The second measurement was set at 110/68 and you interpreted it as 115/68, within the desired range. Remember with manual blood pressures you will not be able to read an odd number (discussed after check-off). 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 throughout the whole checkoff, well done! You were able to remind yourself about raising the height of the bed and lowering the side rail for safety. You provided accurate detail in your communication with the “patient”. Your documentation was 100% accurate. Keep up the great work!!  
NS

**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):**

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 1 prompt related to inspecting facial symmetry. You demonstrated friendly, professional, and informative communication. Great job!

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

- **Pain-** Documentation complete and accurate.
- **Vital signs-** Documentation complete and accurate.
- **Safety-** Be sure to include a comment “pneumonia” for why your patient is on isolation precautions.
- **Physical reassessment-** HEENT (eye)- documented bilateral artificial eyes; Respiratory- omitted “no” from oxygen humidified; gastrointestinal- documented “indigestive formula/breastmilk instead of undigested food.”

Mobility Lab 9/18/2025: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. HS

**Week 6 (Personal Hygiene Skills):**

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! AR

**Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):**

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. You did not require any prompts for the insertion, irrigation, or removal of the NG tube, very well-done! You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! NS

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

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. You did not require any prompts throughout the procedure, nice work! You were able to remind yourself to assess for allergies to iodine or latex prior to removal. You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. You correctly verbalized the differences in catheter insertion for a male patient. You also actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work! NS

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Great job! CB

**Week 9 (Wound Care: Dry Sterile, Damp to Dry Packed, Stoma Skills):**

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the sterile field and followed aseptic technique throughout. You broke sterile technique when putting on your sterile gloves but realized it immediately and stated how you would correct it moving forward. 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. CB

**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: \_Aubrey Yost 12/2/25\_\_