

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2020**

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

Student: Jessica Burger

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Lora Malfara, MSN, RN; Amy Rockwell, MSN, RN; Brittany Schuster, MSN, RN

Teaching Assistant: Devon Cutnaw, BSN, RN; Nick Simonovich, BSN, RN

Faculty eSignature:

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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. 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, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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 plan Grading Rubric	Documentation
Administration of Medications	
Simulation Scenarios	
Skills Demonstration	
Evaluation of Clinical Performance Tool	
Clinical Discussion Group Grading Rubric	
Lasater Clinical Judgment Rubric	
Skills Lab Competency Tool	

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty’s Name			Initials
Frances Brennan			FB
Devon Cutnaw			DC
Lora Malfara			LM
Brittany Schuster (Lombardi)			BS (BL)
Nicholas Simonovich			NS
Amy Rockwell			AR

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 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, 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/patients/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 boxes do not need a student evaluation rating.**

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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:																			
a. Identify spiritual needs of patient (Noticing).																			
b. Identify cultural factors that influence healthcare (Noticing).																			
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).			s	n/a	n/a	s													
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).			s	n/a	n/a	s													
			NS	DC	NS	BS													
			3N 82	n/a	n/a	3T 50													

Clinical Location:
Patient age

Comments

Week 3 objective 1 (c,d) – By introducing yourself and your role and plan of care and obtaining vital signs in a timely manner, you respected your patient's needs and coordinated your care appropriately. You use Maslow's hierarchy to interpret the appropriateness of obtaining vital signs at the designated time and understood that the patient did not have other needs that needed addressed first. Great job this week! NS

Week 6-1(d) Jessica, you did an excellent job this week using Maslow's Hierarchy of needs to determine the care needs of your assigned patient. You prioritized obtaining your vital signs and assessment, then once you were finished you provided the patient with fresh water and inquired about any other needs the patient may have at that time. Great job! BS

* End-of-Program Student Learning Outcomes

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

Objective

2. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:						S													
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).																			
b. Use correct technique for vital sign measurement (Responding).			s	n/a	n/a	S													
c. Conduct a fall assessment and institute appropriate precautions (Responding).						S NA													
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).																			
e. Collect the nutritional data of assigned patient (Noticing).																			
f. Demonstrates appropriate insertion, maintenance, and removal of NG tube (Responding).																			
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).																			
			NS	DC	NS	BS													

Comments

Week 3 objective 2 (b) – Great job with your first experience obtaining vital signs on a live patient! You were able to use correct technique to obtain accurate vital sign measurements on your patient. NS

Week 6-2(a,b) You did an excellent job performing your first head to toe assessment on your assigned patient in clinical this week. Your assessment was very thorough and systematic. You also did a very nice job obtaining your patient's vital signs as well. Keep up all your great work! BS

Week 6-2(c) This week you did not conduct a formal fall assessment on your patient or chart in the safety and falls assessment intervention. You will have the opportunity to do this in your next clinical experience. BS

* End-of-Program Student Learning Outcomes

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

Objective

3. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:						S													
a. Receive report at beginning of shift from assigned nurse (Noticing).						S													
b. Hand off (report) pertinent, current information to the next provider of care (Responding).			n/a	n/a	n/a	S													
c. Use appropriate medical terminology in verbal and written communication (Responding).			s	n/a	n/a	S													
d. Report promptly and accurately any change in the status of the patient (Responding).			n/a	n/a	n/a	S													
e. Communicate effectively with patients and families (Responding).			s	n/a	n/a	S													
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).			s	n/a	n/a	S													
			NS	DC	NS	BS													

Comments

Week 3 objective 3 (e,f) – Although you were nervous initially, you were able to remain composed and communicated effectively with your first patient! This is an area that you will get more comfortable with as you gain more experience. (f) By obtaining vitals signs and documenting your findings within the EHR, you participated as an accountable member of the health care team to provide patient care. Great job! NS

Week 6-3(a,e) Excellent job taking report on your assigned patient for the first time this week in clinical. The more you do this, the more comfortable and familiar you will become with the routine of receiving report and where to put all the information on the report sheet that is discussed. You also did an excellent job communicating with your patient this week as well. BS

*** End-of-Program Student Learning Outcomes**

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

Objective																			
4. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:			n/a	n/a	n/a	S													
a. Document vital signs and head to toe assessment according to policy (Responding).																			
b. Document the patient response to nursing care provided (Responding).																			
c. Access medical information of assigned patient in Electronic Medical Record (Responding).			s	n/a	n/a	S													
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S	n/a	n/a	n/a	S													
e. Provide basic patient education with accurate electronic documentation (Responding).																			
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).																			
*Week 2 –Meditech Expanse		DC	NS	DC	NS	BS													

Comments

Week 2 Obj 4 (d): You successfully completed the Meditech documentation lab this week. DC

Week 3 objective 4 (c) – This week you were able to enter meditech and access a patient’s chart in the live environment for the first time. You did well navigating through the chart and accessing medical information that was pertinent to your plan of care. NS

Week 6-4(a) Jessica, overall you did an excellent job with your documentation of your head to toe assessment and vital signs this week. Although we discussed areas for improvement in clinical, remember to ensure that you have all the data filled out for your vital signs documentation. There were several pieces of information missing that

we discussed. Additionally, in regards to your head to toe assessment, remember that if the patient is within normal parameters for any system you do not need to document anything further other than selecting “yes” that they are within the defined normal parameters. Keep up your hard work! BS

* End-of-Program Student Learning Outcomes

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

Objective																			
5. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:			s	n/a	n/a	S													
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).			s	n/a	n/a	S													
b. Apply the principles of asepsis and standard/infection control precautions (Responding).			S NI	n/a	n/a	S													
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).																			
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).			s	n/a	n/a	S													
e. Organize time providing patient care efficiently and safely (Responding).			s	n/a	n/a	S													
f. Manages hygiene needs of assigned patient (Responding).																			
g. Demonstrate appropriate skill with wound care (Responding).																			
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						U													
			NS	DC	NS	BS													

Comments

****You must document the location of the pull station and extinguisher here for clinical #2 experience.**

Fire extinguisher near stairwell 1/Room 3027 and another one near stairwell 2/Room 3010. BS

Week 3 objective 5 (b) – This competency was changed to “NI” this week due to exiting the patient’s room with your gloves on and not performing hand hygiene following care provided to your patient. It is certainly understandable to be forgetful as this was your first experience and nerves were heightened. Due to the current nature of the world related to COVID-19, performing hand hygiene and following infection control measures has become even more important. This is simply a reminder to foam in and foam out when entering/exiting patient’s rooms. Just remember to follow these measures in the future and you will have no problems being satisfactory in this competency. NS

Week 6-5(h) Jessica, although you correctly identified the fire extinguishers and pull stations above, unfortunately this competency has been graded as “U” because it was left blank. Remember, if you do not self-rate a competency the competency is automatically 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 will continue to rate the competency unsatisfactory until it is addressed. Going forward, be sure to double check that you have self-rated all white boxes for each week. Please let me know if you have any questions. BS

* End-of-Program Student Learning Outcomes

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

Objective																			
6. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:																			
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). *See rubric at end of tool																			

Comments

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

Objective																			
7. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:																			
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).																			
b. Recognize patient drug allergies (Interpreting).																			
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).																			
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).																			
e. Review the patient record for time of last dose before giving prn medication (Interpreting).																			
f. Assess the patient response to prn medications (Responding).																			
g. Document medication administration appropriately (Responding).																			
*Week 11: BMV																			

Comments

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

Objective

8. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Make-Up	Final
Competencies:			s	n/a	n/a	s													
a. Reflect on areas of strength** (Reflecting)			s	n/a	n/a	s													
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)			s	n/a	n/a	s													
c. Incorporate instructor feedback for improvement and growth (Reflecting).			s	n/a	n/a	s													
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).			s	n/a	n/a	s													
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).			s	n/a	n/a	s													
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).			s	n/a	n/a	s													
g. Comply with patient's Bill of Rights (Responding).			s	n/a	n/a	s													
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).			s	n/a	n/a	S NI													
i. Actively engage in self-reflection. (Reflecting)			s	n/a	n/a	s													
*			NS	DC	NS	BS													

** 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.

Week 3- I was pretty nervous walking into the patients room but I was able to go in and introduce myself and what I was doing. Great strength to note! Nerves and anxiety are an appropriate feeling during your first clinical. You have entered a new role and are in unfamiliar territory. Although you were nervous, you entered the room confidently and began communicating with your patient. That is an awesome strength to note for your first experience! Great job. NS

Week 3- I plan on improving by practicing my skills by practicing talking with family and practicing vital signs with family. I plan on getting a BP cuff from Amy. With every experience there will always be areas in which we can learn and improve. Reflecting on these experiences and identifying ways to improve them is what will make you a well-rounded nurse as you progress throughout this program. I think this is a good reflection on an area in which you can grow and learn. Your comfortability with continue to improve with each experience. I think practicing at home with your family is a great way to achieve your goals. NS

Week 4-N/A. did not have clinical this week.

Week 5 N/A. did not have clinical this week.

Week 6 strength- I believe I had more confidence in myself and my skills regarding the head to toe assessment than I did on the first clinical. I knew more what to expect and where things were and was able to communicate with the patient and their needs. Jessica, I am so happy you felt more confident this time around in clinical. I could definitely tell you were feeling more comfortable. Great job with your communication as well! BS

Week 6 self-growth- Although I was more confident with walking into the patients room and head to toe assessment, it took me a little longer to get through it and in a systematic way like we did in lab. I would forget things and then go back to them so I was a little all over the place. I plan on practicing my head to toe assessments more with family and to build a more organized method over the coming weekend to become faster and more efficient. This sounds like an excellent plan to help you improve! Great job! BS

Week 6-8(h) This competency has been changed to an “NI” because unfortunately you neglected to provide privacy for your patient while performing your head to toe assessment. As I walked by, I noticed the door was wide open and the curtain was not pulled while performing your head to toe assessment. I had to close the door for you. In the future, please be sure to always provide privacy for your patient. I realize this was your first time performing a head to toe assessment, and there were definitely some nerves involved. I have no doubt you will be satisfactory in this competency going forward. BS

* End-of-Program Student Learning Outcomes

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

Week 12 or 13:

<p>Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Total Points Comments</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points Comments</p>
<p>Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>Total Points Comments:</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)</p>	<p>Total Points Comments:</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)</p>	<p>Total Points Comments:</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-13 = Needs improvement care plan <13 = Unsatisfactory care plan</p>	<p>Total Points for entire Care plan = Comments:</p>

Firelands Regional Medical Center School of Nursing
 Nursing Foundations 2020
 Simulation Evaluations

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date:	Date:
Evaluation		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2020

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: _____