

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

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

Student:

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:

ABSENCE (Refer to Attendance Policy)

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

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.**

<p>c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).</p>			n/a	S	NA	S													
<p>d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).</p>			n/a	S	NA	S													

		DC	DC	NS	BS												
Clinical Location; Patient age		n/a	4N 48	NA	3T 73												

Comments:

Week 6-1(d) Kendall, 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 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 Experienc e	Wee k 1	Wee k 2	Wee k 3	Wee k 4	Wee k 5	Wee k 6	Wee k 7	Mid - Ter m	Wee k 8	Wee k 9	Wee k 10	Wee k 11	Wee k 12	Wee k 13	Wee k 14	Wee k 15	Wee k 16	Mak e-Up	Fi na l
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b. Use correct technique for vital sign measurement (Responding).			n/a	S	NA	S												
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c. Conduct a fall assessment and institute appropriate precautions (Responding).						§ NA													
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e. Collect the nutritional data of assigned patient (Noticing).																		
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f. Demonstrate appropriate insertion, maintenance, and removal of NG tube (Responding).																			
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g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).																				
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		DC	DC	NS	BS													
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Comments

Week 4 2(a) – You did a great job obtaining your first set of vital signs on a patient! DC

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

b. Hand off (report) pertinent , current informat ion to the next provider of care (Respon ding).			n/a	NA	NA	NA											
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c. Use appropriate medical terminology in verbal and written communication (Responding).			n/a	S	NA	S											
d. Report promptly and accurately any change in the status of the patient (Responding).			n/a	NA	NA	NA											

f. Participate as an accountable health care team member in the provision of patient centered care (Responding).			n/a	S	NA	S											
		DC	DC	NS	BS												

Comments:

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

b. Document the patient response to nursing care provided (Responding).																			
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		n/a	S	NA	S														

d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S	n/a	NA	NA	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 Expansion		DC	DC	DC	NS	BS													

Comments:

Week 6-4(a) 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 click on all the “+” signs when documenting to ensure that you do not miss any sections of documentation. Additionally, remember that you must always document on both the left and right side in order to properly compare. For example, if the patient has left leg weakness, but the right leg is normal, you must document your findings for each leg, not just the leg with weakness. It is very important that you are as detailed and descriptive as possible in order to ensure that the nurse following you can determine

d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).			n/a	S	NA	S												
e. Organize time providing patient care efficiently and safely (Responding).			n/a	S	NA	S												

Comments

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

By room 3310 and exit stairs 1 Great job! BS

* End-of-Program Student Learning Outcomes

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

<p>Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). *See rubric at end of tool</p>																				
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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)*																			
Wee k 1	Wee k 2	Wee k 3	Wee k 4	Wee k 5	Wee k 6	Wee k 7	Mid -	Wee k 8	Wee k 9	Wee k 10	Wee k 11	Wee k 12	Wee k 13	Wee k 14	Wee k 15	Wee k 16	Mak e-Up	Fi na	

c. Practice the 6 rights and 3 checks prior to medication administration (Responding).																		
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Comments

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

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

as required by federal HIPAA regulations (Responding).																		
i. Actively engage in self-reflection. (Reflecting)			n/a	S	NA	S												
*			DC	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 4: I felt confident taking vital signs and that I communicated well with the patient **You did very well! DC**

I feel I can improve on entering the room and introducing myself by role playing with some of my family members at home **Practicing with family members and friends can help you feel much more comfortable in the clinical setting. I would recommend having your family member in a room with the door closed, knocking on the door and then introducing yourself as you would in the clinical setting. Continue to communicate as you take their vital signs and practice what you could say as you exit the room. DC**

Week 6: I felt more confident with walking into the patients room **Awesome! Why did you feel this way? Be sure to provide a little more detail in these responses going forward please. BS**

I feel I could improve on my head to toe assessments by practicing on family members and doing better with documentation. **Kendall, the more that you practice and the more experience that you get, the better you will become at performing your head to toe assessments. Practicing on your family members is a great plan for improvement. Keep up your great work! BS**

Week 6-8(f) This competency has been changed to an "NI" because your Clinical Evaluation Tool was not submitted by the assigned due date and time. It was due at 2200 on 10/3/2020, and you submitted it at 0141 on 10/4/2020. Going forward, please be sure to submit your clinical tool on time in order to be graded as satisfactory in this competency. If you have any questions, please do not hesitate to ask. 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>

Total possible points = 22
18-22 = Satisfactory care plan
17-13 = Needs improvement care plan
<13 = Unsatisfactory care plan

Total Points for entire Care plan =

Comments:

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

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

Remediation: Date/Evaluation/Initials		
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* Course Objectives

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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: _____