

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

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

**Student:** Rebecca Lamons

**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  
Care plan Grading Rubric  
Administration of Medications  
Simulation Scenarios

Faculty Feedback  
Documentation

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)

Skills Demonstration  
Evaluation of Clinical Performance Tool  
Clinical Discussion Group Grading Rubric  
Lasater Clinical Judgment Rubric  
Skills Lab Competency Tool

	<b>Faculty's Name</b>	<b>Initials</b>
	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.

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\*Grey shaded boxes do not need a student evaluation rating.



Clinical Location; Patient age			NA	NA	4N; 72	NA	3T; 95	Midterm		4N;71	4N; 72						

**Comments**

Week 5 objective 1 (c,d) – By introducing yourself and plan of care and by obtaining vital signs in a timely manner, you respected your patient’s needs and coordinated your care appropriately. You used 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

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

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



g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		S	S							
			DC	NS	NS	BS	DC	NS		DC								

**Comments**

Week 5 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 7 2 (a,b) –You did a GREAT job for your first head to toe assessment including your documentation. In addition, you accurately documented your vital signs. You will continually improve with each clinical but for this clinical day you were satisfactory. Keep up the good work! DC

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

**Comments**

Week 5 objective 3 (e,f) – You did a great job communicating with your patient in the role of a student nurse for the first time. By introducing yourself and your role, you allowed the patient to feel more comfortable in your care. By communicating effectively, you are initiating the therapeutic nurse-patient relationship. (f) By obtaining vital 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

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c.	Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).							NA		S	NA							
d.	Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).		NA	NA	S	NA	S	S		S	S							
e.	Organize time providing patient care efficiently and safely (Responding).		NA	NA	S	NA	NI	S		NI	S							
f.	Manages hygiene needs of assigned patient (Responding).							NA		S	S							
g.	Demonstrate appropriate skill with wound care (Responding).							NA			S							
h.	<b>Document the location of fire pull stations and fire extinguishers. **</b> (Interpreting).					NA	S	U										
			DC	NS	NS	BS	DC	NS		DC								

Comments

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

\* End-of-Program Student Learning Outcomes

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

Week 5 objective 5 (a,b) – Great job evaluating yourself honestly in these competencies. Keep in mind this was your first experience and it is easy to forget those early steps because you are so focused on the task at hand. I have no doubt you will be satisfactory in the future! NS

Week 7 5(h) – This is no listed location for fire extinguishers. Please list for next week. DC This is now satisfactory as it is addressed below. DC

<b>Objective</b>																			
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
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). <b>*See rubric at end of tool</b>								NA											
								NS											

**Comments**

\* End-of-Program Student Learning Outcomes

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



e. Review the patient record for time of last dose before giving prn medication (Interpreting).								NA											
f. Assess the patient response to prn medications (Responding).								NA											
g. Document medication administration appropriately (Responding).								NA											
*Week 11: BMV								NS											

**Comments**

\* End-of-Program Student Learning Outcomes

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



**\*\* 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.**

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

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

\*\* Week 5 A: I entered the room confidently. I communicated well with my patient. I took his vital signs appropriately. **Awesome strengths to note for your first experience with a patient as a student nurse! Communication is such an important skill for a nurse to have. We can learn about our patient's overall health through communication as well as build a trusting relationship that allows the patient to feel comfortable in your care. Exuding confidence on day one is certainly difficult with all the nerves and thoughts going through your mind, but I thought you did very well entering the room to perform your care. Great job! NS**

\*\*Week 5 B: I gave myself two markings of NI regarding safety measures (I forgot to raise the bed before performing intervention) and asepsis techniques (I forgot to take off my gloves/sanitize hands prior to exiting patients room). Going forward I will remind myself of these important opportunities for improvement prior to my next clinical(s). **Excellent use of self-reflection to identify an area for growth. You were honest with yourself and identified an area you didn't feel strong in. By noticing this and reflecting on it, I have no doubt that you will remember these areas in the future and will be satisfactory moving forward! Keep up the hard work! NS**

\*\* Week 7 A: I entered the room confidently. I communicated well with my patient. I showed the patient that I was concerned and willing to act according to his needs and comfort throughout the assessment.

**Great job! You communicated well with the patient and they were pleased with your care. DC**

\*\* Week 7 B: I gave myself four markings of NI regarding physical assessment basics, communication, and psychomotor skills related to nursing care.

My reasoning for this is the following: When performing the assessment, I forgot to ask the patient certain questions as part of the assessment data. When collecting the vital sign measurements, I got a low temperature read which I suspected was due to my axillary placement of the probe. Rather than immediately redoing it, I decided to circle back later toward the end, but did not follow through on this. Throughout the assessment I did poorly in leading the conversation which, as part of poor time management, led to the assessment taking longer than it should have. Therefore, rather than circling back to redo the Vital Sign in question, I opted to finish the assessment so other personnel could begin their duties, and I also did not follow up with the nurse regarding the information. Going forward I will remind myself of these important steps and opportunities for improvement prior to my next clinical(s). **Make sure to read my comments under the objectives where you listed 'NI.' You did very well for it being your first clinical performing a head to toe assessment. You will continue to improve and grow in confidence about communication with patients. Cut yourself some slack and know that I see a lot of potential in your nursing abilities!! DC**

Midterm Comment – Rebecca, you have done a great job throughout the first half of the semester during your clinical experiences! It's hard to believe we are 8 weeks in already. You have gained experience in obtaining vital signs, performing a head to toe assessment, communicating with patients, family members, and other members of the health care team, receiving report, managing your time, accessing/documenting in the electronic health record., and much more. Although you may not feel confident in your abilities quite yet, as we see it you are satisfactory in all relevant competencies up to this point of the semester, congratulations! As we enter the second half of the semester and increase the amount of clinical time, you will have the opportunity to build on these skills and enhance your clinical judgement. The only competency that was not evaluated as satisfactory relates to objective 5(h) and documenting the location of the fire extinguishers. Although this does not relate directly to your nursing care, it is still an important aspect of being aware of the environment and paying close attention to details. Be sure to document the location of the fire extinguishers when evaluating your next clinical experience and you will be satisfactory in this competency. Keep up the hard work!! NS

Objective 2 Section C: I marked this section NI because I did not check for certain signage related to my patient's high fall risk score. I did address the fall risk related questions during the head-to-toe assessment, and I did ensure her ambulatory aid was accessible, and that she had assistance when mobile. But when documenting after the shift, I was unable to recall if she was wearing the proper bracelet, had proper signage above her bed or on her door, and if I turned her bed alarm back on after she used the bathroom at one point. **When things are hectic in the room, it is easy to miss some things for documentation. You can always take your time to look for this information and go back and edit, if needed. DC**

Objective 5 Section E: I marked this section NI because I need to be more efficient when charting, and I chose to attend my patients X-ray visit with her, which caused some extra delays. In retrospect, when I found out about the delays in X-ray, I could have come back up and used that time to document instead. **You had a busy morning! As we discussed, you will continue to improve in time management with each clinical. DC**

Objective 5 Section H: Fire extinguisher locations from Week 7 clinical include: (1) near Exit Stairwell 1 just past room 3027, (1) near the nursing corridor between rooms 3036 and 3035, (1) next to Exit Stairwell 2 which is near room 3010, (1) between rooms 3018 and 3019, and (1) near the Orderly's Station. My total count was 5 for the unit. **DC**

Objective 8 Section A: Coming out of the last clinical, I felt good about the way I interacted with my patient. Even though things got hectic, and though I was feeling some stress toward getting everything done, I believe I conveyed myself well to the patient and did not allow my stress to impede our interactions. *You patient communicated how great of a job you were doing! She was having a difficult time with her diagnosis, but you talked with her and made sure that she was cleaned up and comfortable. How we communicate with our patients and make them feel that they are being heard is more important at times than charting on time. Good job! DC*

Objective 8 Section B: Coming out of the last clinical, I see time management as a major opportunity for improvement. To improve I will try to approach my documentation more efficiently throughout the shift, and if I feel behind or am unsure about something, I will reach out to my clinical instructor for guidance. *I appreciate that you came to the computer lab the next time to work on charting. You improved and will continue to improve with each clinical. Good job! DC*

Week 10- Objective 8 Section A: An area of strength this week was my communication with the patient. Luckily, he was awake and talkative, and I was able to abide by our timeline while still carrying on conversation with him and building a good rapport.

Week 10 - Objective 8 Section B: The past two weeks I have marked myself NI in the same area, for ensuring all appropriate fall precautions are in place for a patient with high fall risk. Going forward I need to make sure this safety assessment is never overlooked as part of my initial assessments when getting familiar with each patient.

Week 10 - Objective 2 Section C: I gave myself a NI rating because I overlooked certain details related to my patient's safety precautions. I checked certain details and ensured he had a bracelet on but did not check to make sure the proper signage was posted throughout the room or that his chair alarm was on until later in the morning. Luckily, he was a compliant patient and there was no incident, but in those moments, I left him at risk, and I need to be diligent about these precautions going forward.

Week 10 - Objective 4 Section F: I gave myself a NI rating because I did not get the CDG response completed on time, and I am not sure if I met all the requirements. Going forward, I will try to get assignments completed earlier in the week so there is no last minute rush get things posted on time.



**Week 12 or 13:**

<p><b>Objective # 6:</b> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></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          &lt;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

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

\* 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: \_\_\_\_\_

