

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2021**

**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

Teaching Assistant: **Chandra Barnes**, BSN, RN; **Devon Cutnaw**, BSN, RN; **Nick Simonovich**, BSN, RN

Faculty Signature:

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. If the final performance code is unsatisfactory or needs improvement 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 or needs improvement 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 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 | |
| Skills Lab Competency Tool | |

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty's Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Devon Cutnaw			DC
Lora Malfara			LM
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 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.**

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	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	NA	NA	NA	S											
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).			S	NA	NA	NA	S											
			DC	NS	NS	NS												
			3T Age — —	NA	NA	NA	3T age : 53											

Clinical Location:
Patient age

Comments

Week 3 1(c,d): You properly utilized Maslow to determine the needs of the patient for this specific clinical. DC

* 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	Make-Up	Final
Competencies:						NA	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	NA	NA	NA	S											
c. Conduct a fall assessment and institute appropriate precautions (Responding).						NA	S											
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).																		
			DC	NS	NS	NS												

Comments

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

Comments

Week 3 3 (c,e,f) – You communicated well with your patient and discussed your vital signs appropriately with your clinical instructor. DC

* 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	Make-Up	Final
Competencies:			S	NA	NA	NA	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	NA	NA	NA	S											
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S	S	NA	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 Expans		DC	DC	NS	NS	NS												

Comments

Week 3 4(a,c,d) – Great job documenting vital signs for the first time as a nursing student in Meditech! Your documentation was accurate and portrayed the correct time.
DC

* 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	Make-Up	Final
Competencies:			S	NA	NA	NA	S											
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).			S	NA	NA	NA	S											
b. Apply the principles of asepsis and standard/infection control precautions (Responding).			S	NA	NA	NA	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	NA	NA	NA	S											
e. Organize time providing patient care efficiently and safely (Responding).			S	NA	NA	NA	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).						NA	S											
			DC	NS	NS	NS												

Comments

Week 3 5(a,b,d,e) - You correctly obtained the patient's vital signs utilizing proper safety practices as outlined in class and in lab. You were efficient with obtaining VS and communicating with the patient. DC

****You must document the location of the pull station and extinguisher here for clinical #2 experience. The fire extinguisher is located in the hallway by the unit coordinator's desk.**

* 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	Make-Up	Final
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). *See Care Map Rubric at end of tool																		
				NS	NS	NS												

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	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				NS	NS	NS												

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

**** 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 3: I think my areas of strength are communication with the patient as well as the process of obtaining vital signs and knowing what is normal and what is not. Something I think I could improve at is assessing pulse and respiration. While I know the process well, I think sometimes I catch myself wanting to count ahead with respiration and sometimes changing my pressure while I assess pulse. To work on this, I plan to take the pulses and respirations of everyone in my house over the weekend.

Knowing the parameters helps to identify abnormalities that may be detrimental to the patient. You did a good job obtaining your vital signs and using the equipment. Using family/friends to practice our new skills is extremely helpful. They tell us when we are doing a good job but also are not afraid to tell us areas where we can improve. DC

Week 4: I think this week in lab I did a good job of remembering the pieces and parts of the head to toe assessment and doing them systematically. Something to work on would be to make sure that I do not forget small details such as closing the curtain and going more in depth with the pain assessment. To improve my skills, I think going over the head to toe assessment with a family member while another looks at the skills folder to make sure I do not miss anything will certainly help me to remember everything. DC

Week 5: This week in the lab I felt that I was well prepared for the head to toe assessment and performed it well in my check off. I felt that I did the assessment systematically and did not skip around. During the check off, I was prompted to assess the face for symmetry and to ask the patient if they were having any difficulty breathing. When I was practicing I remembered these steps, but forgot others such as assessing for numbness and tingling one time or forgetting to ask if they had fallen another time. I think the key to working on this is repetition and that after I perform the task over and over it will be like second nature. So, to work on this I plan to freshen up on the head to toe maybe once a day either in my head or aloud just to keep the repetition. NS

Week 6: I think this week I did a good job of learning and practicing new techniques for patient hygiene that I do not normally use at work. I think one thing I could get better at is rolling patients on their sides to perform necessary tasks. I am sure that after a while this will become much easier. Therefore, I think my work in the skills lab will be helpful for preparation of turning a real patient and I intend to practice it a few times during lab next week. **That's great! Keep in mind you do not need to include comments from the skills lab in the clinical tool but you are more than welcome to as self-reflection can be very beneficial. NS**

Week7: I think this week I did better with the confidence portion of the clinical experience as I did not feel as nervous going into the pt's room. Something I feel I could work on is becoming more familiar with the lung, breath, and bowel sounds. I know where to find them and what they should sound like, but I think it would be beneficial to know more about the abnormal sounds. This would help with application as well as making a more accurate assessment. To improve, I will watch videos of the sounds throughout this upcoming week and continue to try and get a feel for them before the next clinical.

Week 10 or 12:

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective:		Student Name:			
		Date:			
Top Nursing Priority:					
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	Comments
Noticing	Identify all abnormal assessment findings				
	Identify all abnormal lab finds/diagnostic tests				
	Identify all risk factors				
	Highlight all related/relevant data in the noticing boxes				
Interpreting	List all nursing priorities				
	Highlight the top nursing priority				
	Identify all potential complications				
	Highlight potential complications relevant to top nursing priority				
	Identify signs and symptoms to monitor for each complication				
Responding	List all nursing interventions relevant to top nursing priority				
	Interventions are prioritized				
	All interventions include a frequency				
	All interventions are individualized and realistic				
	An appropriate rationale is included for each intervention				
Reflecting	List the reassessment findings for the top nursing priority				
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 				

48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory	Total Points Earned: Comments: Faculty Initials:
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Firelands Regional Medical Center School of Nursing
Nursing Foundations 2021
Simulation Evaluations

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

* Course Objectives

- A. **Reflect on an area of strength after observing/participating in each simulation scenario.**
- B. **Recognize one area for improvement and set a goal to meet this need.**

The goal must include what you will do to improve, how often you will do this, and when you will complete the goal (example- "I forgot to raise the head of the bed when the patient began having trouble breathing. I will review the proper nursing interventions for dyspnea in the textbook and on skyscape twice before the next simulation scenario").

Simulation #1:

A.

B.

Faculty/TA comments:

Simulation #2:

A.

B.

Faculty/TA comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2021

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: _____