

**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)
<b>Faculty's Name</b>			<b>Initials</b>
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
<b>Competencies:</b>										S	S		NA	S		NA	N/A	
a. Identify spiritual needs of patient (Noticing).										S	S		NA	S		NA	N/A	
b. Identify cultural factors that influence healthcare (Noticing).										S	S		NA	S		NA	N/A	
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	
		Meditech Orientation	NA	4N			3T 53			3T 69	3T 94	BMV		3T 77		NA	N/A	
						No Clinical							No Clinical		No Clinical			

Clinical Location:  
Patient age

**Comments**

Week 9 1(a-d) – Nice job this week coordinating your care appropriately based on your individual patient. Since she was mostly independent with her care, you were able to ensure important nursing assessments and interventions were performed in a timely manner while also respecting her wishes and needs. Due to her persistent headache and request to rest, you correctly utilized Maslow's hierarchy by meeting her physiological needs first then promoting comfort and safety. You were able to implement non-invasive nursing interventions that helped to promote her comfort and alleviate her pain the best that you could. Nice job! NS

Week 10 1(d) – Your priority care this week focused on pain management related to her sacral fracture and prevention of further complications related to her immobility. You understood the importance of monitoring her pain closely and providing her time to rest. As a result of her pain she was limited in mobility which you understood could result in skin breakdown. As difficult as it can be sometimes when patients are in pain, its important that we still encourage movement and repositioning. You were coordinated your care well around her need to rest while also understanding important nursing measures needed to be performed. NS

Week 13 – You did a great job coordinating your care for a confused patient. Safety was your priority, which you were able to maintain during your time with her. Awesome job staying composed and demonstrating compassion during a busy week. NS

**\* 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
<b>Competencies:</b>						NA	S	S		S	S		NA	S		NA	N/A	
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						NA	S	S		S	S		NA	S		NA	N/A	
b. Use correct technique for vital sign measurement (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
c. Conduct a fall assessment and institute appropriate precautions (Responding).						NA	S	S		S	S		NA	S		NA	N/A	
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	S		NA	S		NA	N/A	
e. Collect the nutritional data of assigned patient (Noticing).										S	S		NA	S		NA	N/A	
f. Demonstrates appropriate insertion, maintenance, and removal of NG tube (Responding).										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	N/A	
	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	

**Comments**

Week 9 2 (e,g) – Great work this week performing various assessment to collect data on your patient that allowed you to better understand and care for her. You utilized good nursing judgement by discussing her risk factors related to a worsening headache and identified that her nutritional status could be a contributing factor. You assessed her closely to identify potential findings consistent with dehydration related to her low urine output and NPO/clear liquid status. You responded appropriately by encouraging PO intake containing carbohydrates. (G) During clinical you discussed the rationale behind her AM abdominal x-ray and correlated this with her admitting diagnosis of a SBO. Nice work. NS

Week 10 2(a,d) – This week you gained experience performing an assessment for a patient that had cognitive impairment related to medications that were administered. You noticed that you would not be able to obtain subjective information due her drowsiness. After allowing her time to rest, you were able to obtain objective data by performing an assessment while also maintaining her comfort. Remember, don't be afraid to perform nursing care even though your patient requests time to rest. Its important that we perform our essential care duties at appropriate times. You were able to discuss her impaired mobility and reluctance to move as being a risk for skin breakdown and implemented nursing measures to prevent this from occurring. You also gained experience with implementing a chair alarm. NS

Week 13 – You conducted a thorough fall assessment and notices that numerous precautions were not implemented. Excellent job using your own assessment skill and using good clinical judgement to ensure all safety precautions were in place for a very confused patient. NS

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

**Comments**

Week 9 3 (b,f) – You were able to gain experience providing a handoff report to the next care provider at the end of your clinical day. You were able to participate as an accountable member of the health care team by communicating your findings and care to the assigned RN so that he was fully informed prior to you leaving for the day. You reported her increased head pain and communicated your nursing interventions performed to help alleviate her pain. NS

Week 10 3(b,e) – Nice job this week communicating with the assigned RN and collaborating with other members of the health care team. Your assigned RN was busy during the first morning and he relied on your and your nursing care to monitor her closely. You provided him with important handoff information related to her cognition and participated as an accountable member of the health care team by doing so. (d) I will leave this as an “NI” since you are identifying something you would like to improve in. In my opinion, I thought you did well reporting information to the RN, especially related to her cognitive status. If you feel you would like to give yourself an NI, just put a comment below so I know where your thought process is as sometimes students can be overly critical of themselves based on this being so early in your nursing career. NS

Week 13 – You demonstrated great teamwork and collaboration with the assigned RN by continuously re-orienting your patient and ensuring her needs were met. NS

**\* 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
<b>Competencies:</b>			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
a. Document vital signs and head to toe assessment according to policy (Responding).										S	S		NA	S		NA	N/A	
b. Document the patient response to nursing care provided (Responding).										S	S		NA	S		NA	N/A	
c. Access medical information of assigned patient in Electronic Medical Record (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S	NA	NA	NA	NA	NA	S		S	NA		NA	NA		NA	N/A	
e. Provide basic patient education with accurate electronic documentation (Responding).										S NA	NA		NA	NA		NA	N/A	
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).				S			S	S		S	S		NA	S		NA	N/A	
*Week 2 –Meditech Expanse	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	

**Comments**

Week 2 4(d) – Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. NS

Week 9 4 (a-c) – I thought you did a very nice job with your documentation this week. You were thorough in your communications of assessment findings. NS

Week 9 4(d,e) – These competencies were changed to “NA” because I could not locate use of and documentation of resources obtained for education from the hospital intranet. If education was provided, be sure to document teaching performed in the nurse’s notes. I challenge you to try to identify a teaching need and utilize resources on the intranet to provide education in your next clinical experience! NS

Week 9 4(f) – Awesome work with your CDG this week. You met all necessary requirements for a satisfactory evaluation. See my response to your initial post for further comments related to the content of the discussion. Nice job formatting your in-text citation and reference utilizing correct APA formatting. One suggestion for the future: As you progress in your studies in the medical field, try to avoid the use of direct quotes and attempt to paraphrase the information that you are referencing. Take that direct quote and re-word it for your own understanding followed by the in-text citation. Just some tips for success in the future! Overall, very well done. NS

Week 10 4(a,f) – You did a nice job with documentation again this week. You are active in the chart and ensure that your nursing care is documented in a timely manner, which is much appreciated by all members of the health care team. Great job again with your CDG, meeting all necessary criteria for a satisfactory evaluation. I truly appreciate the fact that you return to your initial post to follow up with your classmates. By doing so, you are getting a meaningful experience and helping yourself and your classmates learn from your patient and your care. Keep it up, your hard work does not go unnoticed! NS

Week 13 – Documentation continues to improve each. You are demonstrating a good understanding of the electronic health record and are utilizing it to better understand your patient and enhance your clinical judgement. NS

\* End-of-Program Student Learning Outcomes

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

<b>Objective</b>																		
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
<b>Competencies:</b>			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
b. Apply the principles of asepsis and standard/infection control precautions (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).										NA	NA		NA	NA S		NA	N/A	
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
e. Organize time providing patient care efficiently and safely (Responding).			NA	S	NA	NA	S	S		S	S		NA	S		NA	N/A	
f. Manages hygiene needs of assigned patient (Responding).										S	S		NA	S		NA	N/A	
g. Demonstrate appropriate skill with wound care (Responding).											NA		NA	S		NA	N/A	
<b>h. Document the location of fire pull stations and fire extinguishers. **</b> (Interpreting).						NA	S	S										
	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	

Comments

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

There are fire extinguishers at the end of the hall located by rooms 3027 and 3010 and also one in the middle of the hall. DC

Week 9 5 (e) – With this being your first full clinical day experience, I thought you did a great job with time management. You researched your patient prior to entering the room then performed the essential assessment interventions in a timely manner. Your care was documented quickly and efficiently which helps to communicate findings to other members of the health care team. You were conscious of time management which allowed you to learn from your fellow classmates' experiences as well. Nice work!  
NS

Week 10 5(a) – You were able to demonstrate good body mechanics to protect both yourself and the patient when transferring her to the bedside commode. You understood the need for assistance, used appropriate precautions and equipment, and prevent injuries from occurring. This was difficult as your patient was dealing with severe pain from a sacral fracture, but you were able to remember the principles of good body mechanics. Nice job! NS

Week 13 5c – this competency was changed to “S” because you gained experience with managing a foley catheter, providing catheter care, and monitoring her output closely to prevent complications. NS

\* 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
<b>Competencies:</b> a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). <b>*See Care Map Rubric at end of tool</b>											S		NA	S			N/A	
	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	

**Comments**

Week 10 6(a) – Good work with your care map this week! You were able to demonstrate good clinical judgement in your presentation of the information. Hopefully this helped you put some pieces together on your patient to enhance your understanding. Refer to the care map rubric at the bottom of this document for further comments! NS

\* 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
<b>Competencies:</b>													NA	S		NA	N/A	
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).													NA	S		NA	N/A	
b. Recognize patient drug allergies (Interpreting).													NA	S		NA	N/A	
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).													NA	S		NA	N/A	
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).													NA	S		NA	N/A	
e. Review the patient record for time of last dose before giving prn medication (Interpreting).													NA	S		NA	N/A	
f. Assess the patient response to prn medications (Responding).													NA	S		NA	N/A	
g. Document medication administration appropriately (Responding).												S	NA	S		NA	N/A	
<b>*Week 11: BMV</b>	DC	NS	NS	DC	NS	NS	DC	DC	DC	NS	NS	NS	NS	NS	NS		NS	

**Comments**

Week 11 (7g) - You are satisfactory for this competency by attending the BMV clinical orientation, actively listening, observing, and practicing with the use of the BMV scanner to safely administer medications. NS/DC

Week 13 objective 7 (a-g) – Overall you did a very nice job with your first medication administration this week. You practiced the 6 medication rights and performed 3 safety checks prior to administering medications to your patient. You were prepared and demonstrated research on the medications you were to administer and understood the rationale, side effects, and nursing implications associated with each medication. You were able to gain experience with both oral medications as well as a subcutaneous injection. While administering medications you encouraged the patient to do so independently while also monitoring closely to ensure all medications were taken safely. Great job on your first med pass! NS

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

WEEK 4A. Strength- I effectively too the patients vital signs and documented it. Improve- I need to work on interacting more with the patient and learning about them .**You did great with documentation! For the future, remember that you need to have a plan listed on how you can better interact with patients. DC**

\* End-of-Program Student Learning Outcomes

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

**WEEK 7 A. Strength- I effectively helped my pt to the bathroom, assessed her and reset her bed alarm after my assessment. An area I could improve on is being more independent. I feel like I asked a lot of questions that I knew but was too scared to be autonomous. For next time I will try to be more prepared and try to to be more confident and believe in my abilities. DC**

**WEEK 9 A. Strength – My strength this week was effectively listening to my patient and her needs. She was in a lot of pain and wanted time to rest. I gave her that privacy while still checking in with her. This was a great strength to note. Beyond simply allowing her to have privacy and rest, you were able to implement non-invasive nursing interventions aimed at alleviating her pain. You provided comfort measures such as a warm washcloth, lowering the lights, reducing noise, and providing time to rest. You were active in ensuring her needs were met while also understanding her need for peace and quiet. Great use of nursing judgement! NS**

**Weakness- I am still not comfortable with where things are located on the floor and have to ask for help with that. For next time I could spend some time looking in each supply room and seeing what is in each one. While this will certainly come with more experience on the floor, I think your plan for improvement is perfect! You utilized your time wisely by answering call lights and assisting your fellow classmates, which was awesome. Using some down time to orient yourself with the clinical environment is a great use of your time as well. Keep up the hard work! NS**

WEEK 10- Strength- I believe my strength this week was effectively working with the nurse after speaking to other departments. After departments would come in I would go and tell the RN what specific things they wanted for the pt. An example of this is after OT and PT came to work with my pt they asked that we had her in her chair for meals for at least 30 minutes. I found the RN and communicated this to him as well as wrote it on her board. **Very good! I noticed on multiple occasions that you were communicating with health care team members to keep everyone fully informed. This is such a crucial aspect of health care as numerous individuals have their owns tasks to perform. Without strong lines of communication, things can get missed which could impact the patient and their outcomes. This was certainly a strong point for you this week and you found effective ways to communicate both verbally and in written communication in the chart and the board in the room. Great reflection on a great strength! NS**

Weakness- A weakness I feel like I am struggling with is my self-confidence. In the clinical setting I do not feel very confident to be independent. While I have improved on this since my first clinical, I still feel like I have more room to improve and be more involved with pt care on my own. I think part of this comes from fear and anxiety that I will make a mistake, but mistakes are a part of life and everyone makes them. For next clinical I am going to try to be more involved with my patient and try to look things up before asking for help. **I think this was a true and honest refelction that you identified in yourself as an area for growth. I can certainly understand those feelings as you as so early in your nursing career. Don't ever hesitate to ask for help while also trying to become more independent. This was a difficult situation because you wanted your patient to rest due to all of her pain. However, developing that understanding that important nursing measures need to be performed despite her being tired will go a long way. As we have discussed, don't be afraid to make mistakes! You are learning. However, if you are every questioning anything, be sure to ask. I think you will learn to become more independent as you gain more experience with a variety of patients. NS**

WEEK 13-Strenth- This week I believe that my strength was administering medications. I felt pretty confident in being able to retrieve the meds and check them all 3 times along with making sure my patient received her meds safely. **As noted under the comments below the medication objective, you had numerous strengths associated with medication administration this week. You were very well prepared and made this a smooth process for yourself and the patient. Great nursing judgement was used when discussing each medication. Job well done! NS**

My weakness this week was time management. My patient required a lot of time and attention and I feel like while I was prioritizing my patient I did not do very well with researching some of my patients problems and I did not focus on documenting as much as I normally do. For next time I will try to still be in the room with my patient so I am present but also spend time on the computer while communicating with her. **This was a unique circumstance in which your patient required a lot of one on one care. As a practicing RN, you would most likely delegate a**

nursing assistant to sit with the patient so that you can perform more nursing duties. However, during this clinical, you did a great job of promoting safety and attempting to re-orient her, which took a lot of time. Great plan to utilize the computer while also communicating with her for time management! Keep up the hard work! NS

Week 10 or 12:

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Course Objective: 6* Develop patient-centered plans of care utilizing the nursing process.		Student Name: Mallory Lewis			
		Date: 10/28/2021			
Top Nursing Priority: <b>Acute Pain</b>					
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	Comments
Noticing	Identify all abnormal assessment findings	3			Nice job providing a detailed list of all of your assessment findings. As you progress into next semester, be sure to be a little more specific with your findings. For example, instead of stating "high blood pressure" list what her blood pressure actually was to show hypertension. The more specific you are, the better you will understand your patient and their needs. You may also want to have included her use of and need for supplemental oxygen as an assessment finding.
	Identify all abnormal lab finds/diagnostic tests		2		Some abnormal lab values were omitted. Additionally, be specific about your diagnostic findings. Explain what diagnostic test was performed to identify the sacral fracture. List specifically what the WBC count was (13.2) and what her sodium level was (135). Blood gases were drawn on your patient with numerous abnormal results. Although you haven't learned this content, you still want to include ALL abnormal lab values and research how they may correlate to your primary problem. Your patient also had an echocardiogram diagnostic study performed as well as additional xrays that you could have included.
	Identify all risk factors	3			Nice job listing her various risk factors that you obtained through assessment of the patient and her electronic medical record.
	Highlight all related/relevant data in the noticing boxes	3			Nice work!

Interpreting	List all nursing priorities	3			Good critical thinking was used to identify numerous nursing priorities related to her risk factors!
	Highlight the top nursing priority	3			Acute pain was certainly her priority nursing problem related to her sacral fracture! Good use of nursing judgement when discussing her priority problems.
	Identify all potential complications		2		Refer to the care map guidelines for improvement in this section. You listed 2 potential complications related to her priority problem. However, this section is looking for you to think a little further to identify all potential complications. You listed inadequate oxygenation as a nursing priority, what potential complications could arise from this problem? What potential complications could arise from nutritional deficiencies beyond just skin breakdown. For her priority problem, what else can pain lead to? Such as dependence on medications, anxiety, depression, lack of sleep, etc. Use outside resources to research this type of information as you are developing your knowledge of complications.
	Highlight potential complications relevant to top nursing priority	3			
	Identify signs and symptoms to monitor for each complication			1	No signs and symptoms were provided related to the listed complications.
Responding	List all nursing interventions relevant to top nursing priority	3			Some important interventions were omitted, such as assessing vital signs, educating on other pain relief measures such as guided imagery or relaxation techniques, etc.
	Interventions are prioritized			1	Refer to the care map guidelines document where it states that interventions should be prioritized with assessment taking highest priority. Remember, we always have to assess before we can act. Think, "Assess, Do, Teach." Refer to the care map guidelines for further examples.

	All interventions include a frequency			1	No frequencies were provided for any of the listed interventions. Refer to the care map guidelines for further information. For example, "Reposition every 2 hours" or "Assess pain every 4 hours and PRN"
	All interventions are individualized and realistic		2		Be specific with interventions such as medications so that they are individualized to the patient. What specific medication and dosages are being administered?
	An appropriate rationale is included for each intervention	3			Rationale was provided for a majority of the listed interventions.
Reflecting	List the reassessment findings for the top nursing priority	3			Nice job evaluating your most recent assessment data.
	Reflection 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>			1	There was not a statement provided related to continuing, modifying, or terminating the plan of care.
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: 37 – Satisfactory Comments: You did a nice job with the priority nursing problem and supporting this with good assessment data. A majority of the points missed were a result of not following the grading rubric or the care map guidelines. Pay close attention to the comments provided and have these two documents in front of you when completing your care maps. The two main areas I would focus on are the interventions and the evaluation section. You received 37 points for a satisfactory evaluation, however some improvements can still be made. Take this information into consideration as you progress into the next semester! Faculty Initials: NS			

Firelands Regional Medical Center School of Nursing  
Nursing Foundations 2021  
Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
Performance Codes:  S: Satisfactory  U: Unsatisfactory		
	<b>Date:</b> <b>11/9/21</b>	<b>Date:</b>
Evaluation (See Simulation Rubric)	S	
Faculty Initials	NS	
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	NA	

\* 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. One area of strength for me was my pt communication. I think that I did a good job of not only listening and communicating with the pt but also educating the pt on important aspects related to her case. I also think I did a pretty good job on my assessment, I left out a few things because I got nervous but after talking through it with my group I remembered my mistakes. **Very good! NS**
- B. One area I think I could have been better on is my teamwork with the medication nurse. I felt like I was at clinical and working by myself, but an important part of healthcare is collaboration, I sometimes get so focused on doing my assessment right that I forget I have to work with other individuals weather it be at clinical with the RN or on simulation with the other student. For next time I will try to slow down and remember to write down things I want to share with the RN or other student. This may also help me to not forget some portions of my assessment. **Great recognition of the importance of teamwork in health care! NS**

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

OBSERVATION DATE/TIME: 11/9/2021 1030-1130

SCENARIO #:NF

Scenario #1

Kara Harkness (O)

Julia Fide (M)

Mallory Lewis (A)

Hailey Giles (O)

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (2)*</b>					<p>Assessment nurse:</p> <ul style="list-style-type: none"> <li>• Identified self and role</li> <li>• Identified patient while viewing wristband</li> <li>• Obtained vital signs promptly</li> <li>• Correctly stated predetermined VS measurements by palpating &amp; observing vital signs (HR-84, RR-18, BP 132/76)</li> <li>• Recognized labored breathing and coughing</li> <li>• Sat patient up in bed once nurse recognized patient had become dyspneic and coughing</li> <li>• Performed a thorough head-to-toe assessment</li> <li>• Noticed Kleenex on bed &amp; noticed yellow sputum color</li> <li>• Correctly noted lungs with crackles</li> <li>• Recognized cough, sought further information regarding cough</li> <li>• Sought information regarding pain (no pain)</li> <li>• Auscultated abdominal sounds; sought information about last BM</li> <li>• Did not ask about numbness/tingling of extremities</li> <li>• Did not assess for reddened heels</li> </ul> <p>Medication nurse:</p> <ul style="list-style-type: none"> <li>• Identified self and role</li> <li>• Properly identified the patient but did not ask about allergies</li> <li>• Checked VS prior to med administration including temp</li> <li>• Followed the six rights of medication administration</li> <li>• Researched meds prior to medication administration</li> </ul>
<ul style="list-style-type: none"> <li>• Focused Observation: E A D B</li> <li>• Recognizing Deviations from Expected Patterns: E A D B</li> <li>• Information Seeking: E A D B</li> </ul>					
<b>INTERPRETING: (1)*</b>					<p>Assessment nurse:</p> <ul style="list-style-type: none"> <li>• Prioritized O<sub>2</sub> needs; placed O<sub>2</sub> on patient after recognizing pt. was dyspneic</li> <li>• Prioritized respiratory assessment and abnormalities</li> </ul> <p>Medication nurse:</p> <ul style="list-style-type: none"> <li>• Interpreted timing of medications appropriately</li> </ul>
<ul style="list-style-type: none"> <li>• Prioritizing Data: E A D B</li> <li>• Making Sense of Data: E A D B</li> </ul>					

	<ul style="list-style-type: none"> <li>• Interpreted appropriate rationale for medications specific to the patient</li> </ul>
<p><b>RESPONDING: (3,4,5,6)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Assessment nurse:</p> <ul style="list-style-type: none"> <li>• Maintained proper body mechanics (raised the bed or lowered side rail)</li> <li>• Conducted a thorough head-to-toe assessment</li> <li>• Raised head of the bed when conducting assessment</li> <li>• Placed O<sub>2</sub> on 2L/NC promptly, once SpO<sub>2</sub> as low and patient was dyspneic &amp; coughing</li> <li>• Correctly educated patient on C &amp;DB and incentive spirometry use</li> <li>• Conducted a safety assessment and placed yellow bracelet and fall precaution sign at HOB due to high fall risk</li> <li>• Educated patient on fall risks; including oxygen tubing and safety of O<sub>2</sub></li> <li>• Educated patient on smoking cessation</li> </ul> <p>Medication nurse:</p> <ul style="list-style-type: none"> <li>• Prepared fall precaution sign and yellow wristband for patient</li> <li>• Proper dosage calculation</li> <li>• Explained purpose of meds to patient</li> </ul>
<p><b>REFLECTING: (7)*</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>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. Observers provided good insight on observations made during this skill. Discussed communication between team members and the patient. Identified educational opportunities that were presented in the scenario.</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><i>Lasater Clinical Judgement Rubric: Information provided relates to the Clinical Judgement Rubric based on comments listed above from student performance. Refer to Lasater’s Clinical Judgement Rubric for more detailed information.</i></p> <p>Noticing: Attempted to monitor and observe a variety of data during the scenario; focused on most obvious data. Recognized obvious patterns and deviations in data and used information to continually assess. Actively sought information about the patient’s situation to support planning interventions.</p> <p>Interpreting: Generally focused on the most important data and sought further relevant information. Interpreted patient’s data patterns and compared with known patterns to develop an intervention plan with appropriate rationale.</p> <p>Responding: Displayed confidence in ability to control situations, showed little stress with priority data. Communicated well, explained information to the patient; clear direction given to team members; effective communication for decision making. Developed interventions on the basis of most obvious data; monitored progress following interventions; some interventions were missed. Displayed proficiency in the use of most nursing skills; could improve in some aspects.</p> <p>Reflecting: Reflecting: Each member evaluated and analyzed personal clinical performance through participation and the observatory role with minimal prompting; key decision points were identified and alternatives were considered. Each member demonstrated a desire to improve; reflected on experiences; identified strengths and weaknesses.</p>

Objectives:

- Demonstrate collaborative communication with patient and HCT (1, 3, 8) \*

- Execute accurate and complete head to toe assessment (1, 5, 6, 8) \*
- Select and administer oral meds following six rights (1, 4, 5, 7) \*
- Identify and provide accurate patient education (1, 2, 3, 4, 5, 7) \*

Faculty/TA comments:

Simulation #2:

A.I think an area of strength for my observation was giving good constructive criticism. I think I gave them good things to remember and work on without sounding like I was telling them they were wrong or judging them.

**B. One thing I could work on is understanding medications more. I was confused on the wasting of medications but after talking about it and asking questions I understood better. Next time I will be sure to verify the dose and have another nurse watch me waste the narcotic.**

Firelands Regional Medical Center School of Nursing  
Nursing Foundations 2021  
Skills Lab Competency Tool

Student Name: Mallory Lewis

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>										
	<b>Week 1 (4)*</b>	<b>Week 2 (2,3,5,8)*</b>	<b>Week 3 (2,3,4,5,8)*</b>	<b>Week 4 (2,3,4,5,8)*</b>	<b>Week 5 (2,3,4,5,8)*</b>	<b>Week 6 (1,2,3,4,5,8)*</b>	<b>Week 7 (2,3,4,5,8)*</b>	<b>Week 8 (2,3,4,5,8)*</b>	<b>Week 9 (2,3,4,5,8)*</b>	<b>Week 10 (2,3,4,5,6,8)*</b>	<b>Week 11 (1,2,3,4,5,6,7,8)*</b>
	<b>Date:</b> 8/23/2021	<b>Date:</b> 8/31/2021	<b>Date:</b> 9/10/2021	<b>Date:</b> 9/14/2021	<b>Date:</b> 9/21,23/ 2021	<b>Date:</b> 9/29/2021	<b>Date:</b> 10/5/2021	<b>Date:</b> 10/12/2021	<b>Date:</b> 10/20/2021	<b>Date:</b> 10/26/2021	<b>Date:</b> 11/2/2021
Performance Codes: S: Satisfactory U:Unsatisfactory											
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty Initials	LM	LM	AR	AR	AR	AR	AR	LM	NS	AR	AR
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

Comments:

**Week 1 (Technology Lab):**

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System and sample quiz.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. LM

**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! LM

**Week 3 (Vital Signs):**

Great job 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 out of two blood pressure results on the Vital Sim manikin. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic blood pressure. You did require one prompt as a reminder to always identify your patient by asking for name and date of birth. Your Meditech documentation related to vital signs will be completed during Week 4 lab. Keep up the great work!! AR

**Week 4 (Assessment):**

Satisfactory with head to toe assessment guided practice, hand-off report activity, vital sign measurement and documentation, and Micromedex/Intranet navigation activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. AR

**Week 5 (Assessment; Mobility):**

Great job during your Week 5 Assessment lab! You were satisfactory and very thorough with your basic head to toe assessment 1:1 observation. You did require two prompts related to assessing extremities for numbness/tingling, and completing a complete safety assessment. As a reminder, you will always assess dorsal plantar flexion, etc bilaterally to compare sides. You accurately recognized crackles. Great job!  
You did an excellent job on your Meditech documentation for vital signs, safety, pain, and re-assessment: Re-assessment respiratory system you omitted “persistent” for cough frequency; cardiovascular system the edema comment “toes to knees bilaterally” should be documented under the BLE location rather than LUE; for gastrointestinal system you omitted “witnessed” in regards to emesis. Keep up the great work!! AR

Mobility: Satisfactory active participation during the mobility lab. Keep up the great work! AR

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

Satisfactory with personal hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose, and SCD's, and clinical readiness scenario during guided practice, along with Meditech Expense Test Hospital documentation. Keep up the great work! AR

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

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through guided observation. You were able to verbalize understanding of the difference between irrigation and flushing, aspiration precautions, and familiarized yourself with the wall suction set up. 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 accurately. Keep up the hard work! AR

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

Mallory, 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. One prompt was needed for remembering to hold the catheter near the labia during the removal process. During the application of sterile gloves process, your Rt. glove tore but you donned a new pair. Excellent job! You maintained the sterile field throughout the Foley insertion, did not contaminate the catheter or your gloves at any point, and had very good communication with your “patient”. Great job! You correctly verbalized the differences in catheter insertion for a male patient. You independently completed the Meditech documentation for Urinary Catheter Management. Keep up the great work!!! LM

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. Great job! NS/DC

**Week 9 (Dressing Change: Dry Sterile, Sterile Wet to Dry, I&O Station):** You have demonstrated competence in the skill of wound assessment and wound care through guided observation. You accurately demonstrated a Dry Sterile Dressing and a Sterile Wet to Dry Dressing using appropriate technique. Documentation was completed related to wound care in the Meditech system. Additionally, you gained experience in measuring accurate urine output and demonstrated competence in collecting a urine specimen using aseptic technique. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! NS/LM

**Week 10 (Safety; Infection Control; Prioritization; Tube Feeding; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP; Care Map Development):** Satisfactory participation with the following stations: Prioritization, Tube Feeding, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, Pressure Ulcer Prevention, and Care Map Development. Keep up the hard work! AR

**Week 11 (Case Scenario; Care Map Development; Medication Lab; Open Lab):**

Satisfactory participation in the following: Patient Scenario involving discharge planning and focused assessment, and Care Map Development. Keep up the good work! AR  
Medication Lab:

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM and ID injections on fellow student; performance of SQ injection on practice sponge; use of and drawing medication out of ampule and vial. AR

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