

CUESTA COLLEGE REGISTERED NURSING PROGRAM CLINICAL EVALUATION TOOL

GRADE	GRADE CRITERIA Consistently demonstrate the following in:
A/96%	Most (nearly all) concept areas: Proficient. Proactive. Coordinated and confident. Overall good efficiency. Consistent. Accountable. Requires minimal prompting. Continues to update and use instructor guidance with growing independence.
A-/92%	Majority of concept areas: Proficient. Proactive. Coordinated and confident. Overall good efficiency. Consistent. Accountable. Requires minimal prompting. Continues to update and use instructor guidance with growing independence.
B+/88%	All concept areas: Supervised. Requires moderate prompting and support. Demonstrates steady improvement in efficiency, coordination, and confidence. Clarifies and ask questions; uses instructor guidance and supervision appropriately.
B/84%	Most (nearly all) concept areas: Supervised. Requires moderate prompting and support. Demonstrates steady improvement in efficiency, coordination, and confidence. Clarifies and ask questions; uses instructor guidance and supervision appropriately.
B-/80%	Majority of concept areas: Supervised. Requires moderate prompting and support. Demonstrates steady improvement in efficiency, coordination, and confidence. Clarifies and ask questions; uses instructor guidance and supervision appropriately.
C+/76%	Majority of concept areas: demonstrates a few areas of higher level performance: Assisted. Performance meets level specific criteria with frequent instructor prompting and support. Performance demonstrates problems with efficiency and coordination but remains safe.
C/72%	All concept areas: Assisted. Performance meets level specific criteria with frequent instructor prompting and support. Performance demonstrates problems with efficiency and coordination but remains safe.
C-/70%	Majority of concept areas: demonstrates a few areas of lower level performance: Assisted. Performance meets level specific criteria with frequent instructor prompting and support. Performance demonstrates problems with efficiency and coordination but remains safe.
<70%	Most (nearly all) concept areas: Dependent. Performance below level specific criteria even with instructor prompting and support. Inefficient. Lacks confidence and coordination. Inaccurate or infrequent communication with instructor. Poor accountability for own practice.

The Cuesta College Nursing Division Caring Framework has eight concepts that are central to nursing education. Each concept incorporates several criteria, listed A, B, C etc., for measuring clinical competence. Performance standards are listed under each criteria that correlate with level expectations. The expectations build for each level. For example, first level students are expected to perform the standards of all number 1's. Fourth level students are expected to perform at the level of numbers 1 through 4.

Faculty evaluate the student's performance in clinical throughout the rotation. The instructor can only evaluate what is observed, not what the student intended or was thinking of doing or did without being observed. Students receive a clinical grade based on the level specific criteria and the grading scale above. The faculty clinical evaluation of the student along with a student self-evaluation will be placed in the student's file.

CUESTA COLLEGE CLINICAL EVALUATION TOOL

- I. **COMMUNICATION:** This concept measures ability in verbal, nonverbal and written communication. Concepts of interviewing, self-awareness, respect, establishing trust, self-revelation and interpersonal therapy are evaluated.
- A Applies therapeutic communication to meet the client's physiological, psychosocial, and spiritual needs.
- 1 Responsive to client's needs while giving care. Speaks clearly and enunciates distinctly. Positions self to facilitate communication and observation. Able to appropriately communicate with the client while performing nursing procedures. Compensates for sensory deficits to promote communication.
 - 2 Establishes a therapeutic relationship with clients and families. Able to help the client explore their feelings. Demonstrates empathy while caring for clients and performing nursing procedures.
 - 3 Demonstrates the use of therapeutic communication that builds a professional relationship with clients and families. Evaluates communication technique for their effectiveness.
 - 4 Confident in the ability to communicate with the client as a holistic person.
- B Communicates effectively with the healthcare team.
- 1 Provides frequent client updates in a timely, organized and concise manner to staff nurse and nursing instructor. Clarifies role with RN and C.N.A.
 - 2 Verbal communication reflects patient condition and care priorities. Provides a thorough and organized verbal report.
 - 3 Incorporates medical terminology accurately while communicating client issues to all members of the healthcare team. Communicates effectively with C.N.A.'s.
 - 4 Communication reflects accurate prioritization of pertinent client issues in a clear, concise and prompt manner to all members of the healthcare team.
- C Written Communication
- 1 Demonstrates accurate assessment, intervention and evaluation of nursing care plan in documentation. Uses objective and descriptive terms in written documentation.
 - 2 Written documentation is timely and reflects accurate assessment, interventions, and evaluation.
 - 3 Organizes documentation using medical terminology and prioritization of relevant nursing care.
 - 4 Documents clearly, accurately, concisely and timely for increased numbers of clients.
- D Data collection
- 1 Researches client chart and gathers information from patient to develop a thorough perspective of the client and assessment
 - 2 Researches client assessment, lab values, medication profile, chart information, along with gathering verbal information from the client to achieve a holistic perspective of who the client is and what the nursing problems are
 - 3 Extends data collection to include verbal information from healthcare team
 - 4 Refines ability to gather and understand pertinent data for increased number of clients

- II. **NURSING PROCESS:** This concept looks at the student's ability to use the scientific approach to nursing practice including assessment, planning, implementation and evaluation.
- A Develops a holistic nursing care plan for each client. Incorporates physiologic, psychosocial, spiritual and cultural needs.
- 1 Establishes nursing diagnoses based on client assessment. Uses client and family to develop mutual goals and interventions to facilitate optimal outcomes. Evaluates interventions and client goals.
 - 2 Individualizes plan of care. Updates nursing care plan based on reassessment. Documents plan of care in the client record.
 - 3 Refines ability to develop nursing care plans with increased independence. Revises care plan throughout the shift.
 - 4 Formulates care plans for more complex and increased numbers of clients
- B Implements nursing process to meet physiologic, psychosocial and spiritual needs of clients and family
- 1 Performs accurate assessments. Initiates nursing care plan based on assessment with supervision and guidance from instructor. Updates instructor frequently with client assessments.
 - 2 Develops confidence in ability to perform accurate assessments. Alters plan of care based on reassessment. Validates nursing interventions with instructor and nurse while developing increased independence.
 - 3 Demonstrates ability to perform accurate assessments with confidence and efficiency. Identifies more complex assessment findings. Initiates nursing action with less supervision and follows through with instructor and nurse.
 - 4 Implements nursing process for increased numbers of clients and clients at risk. Confidently applies nursing process and initiates appropriate changes to plan of care. Updates and validates nursing actions with instructor and nurse often.
- C Prioritizes client care based on accurate assessment and research
- 1 Establishes priorities of care with recognition of the client's basic needs. Validates priorities with instructor.
 - 2 Determines priority of assessments and interventions based on client needs.
 - 3 Refines priority of assessments and interventions for multiple clients based on client need.
 - 4 Prioritizes care to promote psychological and physical well being for increased numbers and more complex clients

III. **JUDGMENT:** This concept considers the student's critical thinking and decision-making ability. Is accountable for own nursing practice. Is self-motivated and self-directed.

A Decision making process reflects analysis of facts and critical thinking.

- 1 Able to separate relevant from irrelevant facts and reach logical conclusions in simple, structured situations. Researches adequately to make sound decisions. Researches all medications before administration. Validates decisions with instructor.
- 2 Able to recognize relevant facts and reach logical conclusions with increasing number of variables. Increasingly able to adapt to changing circumstances. Validates decisions yet requires less direction throughout the semester.
- 3 Researches client information adequately in clinical setting to make sound decisions. Able to implement pre and post-care based on thorough understanding of procedures. Anticipates possible outcomes prior to deciding on nursing action. Evaluates client response to interventions. States rationale for medical orders. Validates decisions yet requires less direction throughout the semester.
- 4 Applies problem-solving techniques while providing care for more complex and increased number of clients, with increased confidence. Validates decisions yet requires less direction throughout the semester. Level of independence remains within student role, but allows for a safe and smooth transition to entry level nursing practice.

B Is self-motivated and self-directed

- 1 Prepares adequately for nursing care and skills prior to clinical. Consistently accepts duties willingly and in a manner that demonstrates interest. Follows through with instructor when asked for further research.
- 2 Seeks out and actively participates in learning opportunities. Identifies own learning needs and has a plan to achieve them. Selects client assignments that are challenging.
- 3 Takes advantage of learning opportunities in the clinical setting while managing care for more clients. Includes transcription of new orders in learning plan.
- 4 Participates in learning opportunities while managing care for increased numbers of clients with more complex needs.

C Demonstrates a leadership role in nursing.

- 1 Identifies the scope of practice and leadership qualities of a registered nurse. Identifies role of the registered nurse as a team leader.
- 2 Begins to incorporate the leadership role of the registered nurse into own nursing practice. Understands the scope of practice of unlicensed personnel and LVN's.
- 3 Begins to delegate and supervise care to unlicensed personnel and LVN's while caring for increased numbers of clients
- 4 Incorporates legal scope of practice to delegate and supervise care to unlicensed personnel and LVN's when caring for increased numbers of clients with complex needs.

- IV. **ENERGY:** This concept considers the student's ability to provide efficient nursing care to promote optimal health or a peaceful death.
- A Provides nursing care that demonstrates the interventions of caring, prevention, maintenance and restoration for the client's energy needs.
- 1 Identifies client energy needs. Maintains a safe environment conducive for optimal healing. Promotes the hygiene of all clients to maintain skin integrity and well-being.
 - 2 Plans and organizes interventions to balance rest and activity.
 - 3 Reassesses energy of client and adapts plan of care accordingly.
 - 4 Consistently structures interventions to balance the client's energy needs.
- B Integrates client assessment and lab analysis to develop and evaluate patient care
- 1 Recognizes pertinent lab values and relates them to client assessment.
 - 2 Analyze lab values and trends; relates to client condition and initiates appropriate nursing interventions. States rationale for medical orders pertaining to lab values.
 - 3 Relates lab values and trends to client's condition, and follows through with appropriate nursing action. States rationale for medical orders pertaining to lab values.
 - 4 Incorporates lab values into client assessment consistently in complex and unstructured situations.
- C Nurse energy
- 1 Identifies client needs and develops an efficient plan in which to accomplish them.
 - 2 Begins to organize plan of care with a report sheet and refers to the report sheet throughout the shift. Prepares thoroughly prior to entering a client's room to be efficient.
 - 3 Provides care more efficiently for multiple clients. Analyzes wasted time. Refines report sheet to allow for organization of more clients. Researches quickly to find pertinent data. Performs interventions, including medication preparation, in an efficient manner.
 - 4 Provides care, including medication preparation, with increasing efficiency for more clients with complex problems.

V. **PSYCHOMOTOR SKILLS:** This concept examines the student's technical competence.

A Demonstrates understanding of skills with application of overriding and skill specific critical elements.

- 1 Safely performs psychomotor skills within a reasonable time period. Skills performance shows evidence of skills practice and improvement.
- 2 Demonstrates efficiency and coordination while safely performing skills. Handles equipment efficiently and safely.
- 3 Improves efficiency, coordination, and confidence while safely performing skills of first and second level. Shows increasing independence with skill implementation.
- 4 Performs, prioritizes and adapts psychomotor skills to more complex situations in a timely manner. Shows safe independence with skills.

B Demonstrates safe administration of medication by adhering to the six rights of medication

- 1 States rationale for each medication as it relates to individual client. Researches all medications before administration for action, compatibility, side effects and signs of toxicity. States and performs pertinent pre-assessment information for each medication. Evaluates effect of medication. Reports abnormal findings promptly.
- 2 Demonstrates safe, accurate and timely administration of medications with increasing independence
- 3 Performs safe medication administration to more clients. Able to incorporate medication research into daily plan.
- 4 Demonstrates safe medication administration to more clients and to clients with complex needs.

VI. **TEACHING/LEARNING:** This concept considers the student's ability to apply teaching/learning principles to client situations.

A Utilizes client teaching opportunities with medication administration.

- 1 Assesses client understanding of medication and provides basic teaching. Evaluates client learning.
- 2 Develops medication teaching plan based on development level, client knowledge and life span. Includes family when appropriate. Evaluates client learning.
- 3 Increases confidence in ability to perform medication teaching. Evaluates client learning. Appropriately responds to client's questions.
- 4 Increases independence to perform medication teaching by validating answer through research. Teaches more complex medication regimes.

B Teaches client regarding procedures and condition, and evaluates learning

- 1 Assesses client understanding of situation and provides basic teaching.
- 2 Develops and modifies teaching plan based on development level, client knowledge and life span. Includes family when appropriate.
- 3 Increases confidence in ability to perform bedside teaching. Appropriately responds to client's questions.
- 4 Increases independence to perform bedside teaching by validating answer through research. Teaches more complex procedures and conditions.

C Documents teaching and client response

- 1 - 4 Evaluates learning and documents response.

VII. **LIFESPAN:** This concept examines the student's ability to incorporate growth and development theory and situational crisis into nursing practice.

A Adapts nursing care to meet client's life span needs in a nonjudgmental manner

- 1 Examines own belief system. Communication and interventions are based on language and developmental level of the client. Adapts activities to physical and mental abilities of clients including those who are unable to care for themselves. Provides nursing care that is sensitive to the client's spiritual and cultural needs in an unfamiliar health care setting. Encourages client independence.
- 2 Plans and provides appropriate nursing care and activities to all age groups including their support system.
- 3 Adapts nursing care to meet the life span needs of more clients. Demonstrates an understanding of client and family needs upon discharge.
- 4 Adapts nursing care to meet the life span needs of more complex clients. Demonstrates an understanding of client and family needs upon discharge. Utilizes hospital resources (ie: case manager, physical therapist, social worker) to facilitate safe discharge.

VIII. **CARING:** This concept examines the student's commitment to self and others.

A Demonstrates client advocacy.

- 1 Accountable for own nursing practice. Maintains and promotes physical and psychological safety. Identifies advocacy role of the registered nurse.
- 2 Recognizes situations for client advocacy. Begins to advocate for client's needs.
- 3 Initiates advocacy for client's needs.
- 4 Demonstrates increasing awareness for client advocacy needs for more clients with complex needs.

B Practices professional self-care

- 1 - 4 Maintains professional appearance. Remains calm and therapeutic while in the clinical setting. Practices stress management.

C Work-role relationships

- 1 - 4 Inspires confidence and trust among faculty and staff. Uses appropriate lines of authority and communication within the clinical setting. Seeks opportunities to offer help and provide positive feedback.