

Clinical and Simulation Evaluations

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Each week during the simulation lab part of NR 217 Simulation for Nursing Practice, the latter part of the class is dedicated to hands-on practice of various nursing skills. These skills have so far included handwashing, donning and doffing personal protective equipment, applying sterile gloves, a room of horrors experience, bed baths, eye care, denture care, oral hygiene, perineal care, bed making: occupied/unoccupied, turning/repositioning, Foley catheter insertion, ostomy care, enemas, use of bedpans, injections: SQ, IM, intradermal, drawing up IV medications, IV push medications, and setting up primary and secondary infusions.

My personal observations of the informal daily evaluation process by the simulation instructor include the monitoring of student engagement during the teaching/demonstration portion of the class. This engagement is important, as during this portion of the class detailed instructions are given about the supplies and how they are to be used along with a demonstration of the skill. The instructor is keenly aware of whether the students are giving their focused attention to the instructions, as this will affect their ability to replicate the task at hand. Informal evaluation also includes noting the way each of the students conduct themselves during the practice portion of the class. How the students approach the task gives the instructor information about the student's ability to remain on task, their ability to concentrate and assimilate detailed instructions, and can also provide some insight into the student's ability to behave professionally during clinical assignments.

Formal Clinical Evaluation Form Objectivity, Readability, Diversity, and Ethics

The directions for the Clinical Performance Evaluation Tool used by Norwich University state that clinical expectations are guided by the course objectives in addition to any other expectations the clinical course coordinator may elect to add. The directions provide guidance for the clinical instructor for both formative (midterm) and summative (final) evaluation of students with grading parameters for midterm and final evaluations.

The tool is organized around the core competencies of Patient-Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, Informatics, and Professionalism. Each individual area of the core competencies uses easily readable rubrics with objective items for scoring by the clinical instructor. In the appropriate areas of the rubric, diversity and ethical behaviors are addressed. For example, Patient-Centered Care specifies a comprehensive assessment that respects patients' values, preferences and diversity. Ethics are specifically addressed in the core competency of Evidence-Based Practice under frameworks of practice, Informatics under using technology with patient information in an ethical manner, and Professionalism under the core professional values including complying with the Code of Ethics.

The clinical evaluation form is related to Norwich University's accrediting agency, The Commission on Collegiate Nursing Education (CCNE), by way of the items listed in the rubrics under the core competencies. For example, Standard I requires that the nursing school identify which nursing standards and guidelines it uses including the 10 Domains of Nursing. Several of the domains are listed in the rubrics including Patient-Centered Care, Quality Improvement and Safety, Informatics, and Professionalism (*Domains & Concepts*, n.d.). Standard II is reflected in the fact that Norwich University has an affiliation with institutions where student instruction occurs. Standard III is represented by the language

stating that “The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty” (*CCNE Accreditation*. (n.d.). Finally, Standard IV is represented by the fact that the rubrics serve as examples of student work that reflects student outcomes.

Student Personal Goals, Expectations, and Clinical Experiences

I was not sure what to expect from my questions about the students’ goals, expectations, and clinical outcomes experiences. I must report I was impressed by the idealism expressed in their answers. For this portion of this task, I polled the students using a simple questionnaire they filled out before class one day. I was happy they were willing to participate, and I got some surprising answers!

The three most common answers when asked about their goals for their clinical experiences were to become the best, safest nurse possible, to grow in knowledge of the fundamentals and gain confidence, and to be exposed to a variety of nursing areas and specialties. Two surprising goals were to be able to perfectly don sterile gloves, and to get comfortable asking for help.

When asked about their expectations by far the two most common answers were that they will learn a lot, and that they will gain nursing experience. A few wrote that they expect clinicals to be difficult, and two shared the expectation that there will be significant guided experiences. I hope they will not find their clinical experiences to be difficult, but I do hope they are ready to work hard and stay focused. When I am a clinical instructor, I will try to pair them with nurses who will give them significant guidance, and I will do so as well. In addition, it could be beneficial to introduce students in the clinical environment to

Mindfulness Based Stress Reduction (MBSR) techniques, since clinical placement can induce more stress in already stressed students. According to Schwartz-Mette et al. (2025) “When individuals feel better equipped to handle stressors, they are less likely to experience the harmful effects of stress reactivity, breaking the cycle of stress and burnout” (p.6).

The students’ responses about the outcomes of their clinical experiences were largely centered around the hope that they gain experience, and that experience will prepare them for real-world nursing. Many also mentioned they expect to gain confidence. I was pleased with the few who wrote about expecting to be competent and save lives, and the two who wrote about leading with compassion. It is this area of outcomes about which I have the most concern since there is sometimes negativity from the bedside nurses that students are paired with, and it certainly influences the student. Smith and Davis (2024) found that “clinical nurses and nurse educators play important roles in creating positive clinical experiences for undergraduate nursing students, who learn about and integrate into the nurse role during clinical experiences” (p. 52). As I integrate into the role of clinical instructor, I want to remain aware of this potential negativity and stay available to the students to help them navigate any difficult situations in which they find themselves.

References

CCNE Accreditation. (n.d.). <https://www.aacnnursing.org/ccne-accreditation/resource-documents/ccne-standards-professional-nursing-guidelines>

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