

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;
CNE; Rachel Haynes MSN, RN, Brian Seitz, MSN, RN

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written 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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/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.

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/30/2024	Risk for impaired parenting	BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:	N/A	S	N/A															
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	N/A	S	N/A															
b. Provide care using developmentally appropriate communication.	N/A	S	N/A															
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.	N/A	S	N/A															
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)	N/A	S	N/A															
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*	N/A	S	N/A															
Clinical Location Age of patient	N/A	Fisher Titus, 2 yr.	No Clinical															
		BS																

Comments:

Week 2E: The patient was in stage one, trust vs mistrust. I chose this stage because this is where the infant is dependent on the mother for everything that they need. When you give them the things that they need they form trust in knowing their needs will be met. **Yes, nice job! BS**

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

Week 2- 1 b, c, d: Used great communication with caregiver while doing assessment on baby this week. Was calm and able to answer questions that were being asked. You were able to identify some safety risks the patient had in going home (lack of safety items for care of baby). We had discussions of options to provide to the mother when she arrived such as where baby could sleep if there was no crib available. RH/BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal	N/A	N/A	N/A															
g. Discuss prenatal influences on the pregnancy. Maternal	N/A	S	N/A															
h. Identify the stage and progression of a woman in labor. Maternal	N/A	N/A	N/A															
i. Discuss family bonding and phases of the puerperium. Maternal	N/A	N/A	N/A															
j. Identify various resources available for children and the childbearing family.	N/A	N/A	N/A															
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.	N/A	S	N/A															
l. Respect the centrality of the patient/family as core members of the health team.	N/A	S	N/A															
		BS																

Comments:

Week 2- 1j: you were able to provide community resources to the mother upon discharge of baby including help me grow and the options for WIC. 1l: You treated the caregiver with respect and offered as much information as we legally could to them, since they were not biological mother or father. RH/BS

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.	N/A	S	N/A															
b. Perform nursing measures safely using Standard precautions.	N/A	S	N/A															
c. Perform nursing care in an organized manner recognizing the need for assistance.	N/A	S	N/A															
d. Practice/observe safe medication administration.	N/A	N/A	N/A															
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.	N/A	N/A	N/A															
f. Utilize information obtained from patients/families as a basis for decision-making.	N/A	S	N/A															
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*	N/A	S	N/A															
		BS																

Comments:

Week 2G: A social determinant of health that I noticed for my patient would be housing. This could influence patient care because if they are living in an inadequate living environment they could not be getting things they need and in turn end up sick and not able to get care. **BS**

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

Week 2- 2b: use of standard precautions when handling baby. 2c: You did well with your newborn assessment and asked for assistance when needed, but you were able to do most of it on your own. Good job! RH/BS

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.	N/A	S	N/A															
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	N/A	S	N/A															
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"	N/A	S	N/A															
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*	N/A	S	N/A															
		BS																

Comments:

Week 2D: an ethical issue that I noticed was them deciding to get social work and CPS involved with the infant due to the mother having very little prenatal care and using drugs and tobacco during her pregnancy as well as her leaving the baby in the hospital just a few hours after being born. The nurses talked about getting them involved due to the situation but not wanting to upset the mom to where the situation is escalated, and anyone could end up being harmed. I think that the situation was handled very well. They were able to get social work involved and social work was able to educate the caregiver. **This is one of the uncomfortable situations we can get into in the nursing profession. It sounds like it was handled well. BS**

Week 2- 3b: You did well with not providing information to caregiver that was protected by HIPAA. This was a difficult situation and we could only say so much to the caregiver as they were not the legal guardian. RH/BS

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)	N/A	S	N/A															
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)	N/A	S	N/A															
c. Summarize witnessed examples of patient/family advocacy.	N/A	S	N/A															
d. Provide patient centered and developmentally appropriate teaching.	N/A	N/A	N/A															
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)	N/A	N/A	N/A															
		BS																

Week 2- 4a- Great job utilizing the nursing process and your clinical judgment to develop and implement a priority care map for your newborn patient. BS
 Week 2- 4b, c, d: We did paper charting for this clinical and your charting was well done. We had a lot of patient advocacy issues with this patient and you got to witness and participate in a social services consult, and child protective services investigation prior to the discharge of your patient. You were able to maintain a professional attitude while interacting with caregiver and mother as well. RH/BS

Student Name: S. Byrd		Course Objective: Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children.					
Date or Clinical Week: Week 2							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of Risk for impaired parenting.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Several high-priority nursing problems were identified. Risk for impaired parenting was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency with rationales. All listed interventions were individualized and realistic to the patient situation.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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

Criteria	3	2	1	0	Points Earned	Comments	
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of abnormal findings was provided along with a determination to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments: Essence, great work with your care map related to risk for impaired parenting. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS

(Please know the correct way to cite your source would be (Doenges, Moorhouse, & Murr 2022))

Total Points: 45/45

Faculty/Teaching Assistant Initials: BS

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)	N/A	S	N/A															
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	N/A	N/A															
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	N/A	N/A															
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	S	N/A															
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	S	N/A															
		BS																

Comments:

Week 2- 4i: you were able to chart and identify when the baby was eating per the caregivers charting and we could relate this to the RN.

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.	N/A	S	N/A															
b. Evaluate own participation in clinical activities.	N/A	S	N/A															
c. Communicate professionally and collaboratively with members of the healthcare team.	N/A	S	N/A															
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.	N/A	S	N/A															
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)	N/A	S	N/A															
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)	N/A	S	N/A															
g. Consistently and appropriately post comments in clinical discussion groups.	N/A	S	N/A															
		BS																

Comments:

Week 2- 5a: Though we had a low census for the day, you were enthusiastic and eager to assess and care for the newborn. 5d, e: paper charting was reviewed and done correctly per your assessment. You also were able to navigate the EHR when looking for additional information about your patient. RH/BS

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*	N/A	S	N/A															
b. Accept responsibility for decisions and actions.	N/A	S	N/A															
c. Demonstrate evidence of growth and self-confidence.	N/A	S	N/A															
d. Demonstrate evidence of research in being prepared for clinical.	N/A	S	N/A															
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.	N/A	S	N/A															
f. Describe initiatives in seeking out new learning experiences.	N/A	S	N/A															
g. Demonstrate ability to organize time effectively.	N/A	S	N/A															
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	N/A	S	N/A															
i. Demonstrates growth in clinical judgment.	N/A	S	N/A															
		BS																

Comments:

Week 2A: I think that I can improve by being more confident in my abilities going into clinical and not starting out so shy at the beginning of the day. I will work to improve this going forward by saying positive affirmations before clinical and working to improve my confidence and decrease my anxiety before clinical. **This will come with practice. Soon you won't think twice about being around and interacting with your patients. BS**

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/22	Date: 10/21
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date:
Evaluation													
Faculty Initials													
Remediation: Date/Evaluation/Initials													

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
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: _____