EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kyla Prenatt

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: **Frances Brennan**, MSN, RN; **Amy Rockwell**, MSN, RN;
Chandra Barnes, MSN, RN; **Nick Simonovich,** MSN, RN
Heather Schwerer, MSN, RN; **Brittany Lombardi,** MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

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:

Skills Lab Checklists
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
10/9/2024	4 hrs.	3T clinical-Sick/sent home	10/10/2024-0645-1100
10/9/2024	2 hrs.	Documentation lab-Sick	10/15/2024- 1300-1500

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).									NA	S	NA					
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	NA	S	S	S	NA					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	NA	S	S	S	NA					
						CB	CB	FB	FB	FB	FB					
Clinical Location; Patient age**						NA	NA	3T, 83		3T, 51	NA					

Comments

****Document your clinical location and patient age in the designated box above.**

Week 8 (1c)-Great job with responding to the needs of your patient and coordinating her care respectfully. FB

Week 9 (1a,b)- Kyla, you were able to identify any specific needs for your patient and implement appropriately. You recognized how his prognosis was affecting him in a spiritual and cultural manner, and provided support in a manner that was appropriate for the time and situation. Great job! FB

* End-of-Program Student Learning Outcomes

Objective

1. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						NA	NA	**S**	S	S	NA					
b. Use correct technique for vital sign measurement (Responding).						NA	NA	**S**	S	S	NA					
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	NA	NA	S	NA					
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	NA					
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	NA					
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA					
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	NA					
						CB	CB	FB	FB	FB	FB					

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

Comments

Week 8 (2a,b)- You did a great job with systematically performing your head to toe assessment. You also recognized an abnormality related to the patient's right sided weakness and drowsiness. For the first time performing a head to toe assessment on a real patient, you did a good job. FB

Week 9: (2f) I did not have the chance to insert, maintain, and/or remove an NG tube in clinical this week.
Week 9 (2a,c)- Great job with patient assessments during this clinical rotation. You provided very thorough and structured assessments. You were able to identify the appropriate focused assessment based on information gathered during the initial assessment. Great job identifying the fall risk for your assigned patient and ensuring all precautions were in place. Make sure to access all lab values and identify their relevance to your patient's status. There were several abnormal lab values on your assigned patient this week. You did discuss diagnostic/lab testing and patient status for your assigned patient providing nursing interventions and care needed on clinical and in your CDG. FB

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	NA	**S**	S	S	NA					
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	**S**	S	S	NA					
c. Use appropriate medical terminology in verbal and written communication (Responding).						NA	NA	**S**	S	S	NA					
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	NA	**S**	S	S	NA					
e. Communicate effectively with patients and families (Responding).						NA	NA	**S**	S	S	NA					
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	NA	**S**	S	S	NA					
						CB	CB	**FB**	FB	FB	FB					

Comments

Week 8 (3a-f)- Great job receiving report, providing important information related to assessment findings in a timely manner, and communicating with your assigned patient. You recognized abnormal findings that were relevant to the patient's current status, great job! FB

Week 9 (3a,b)- Great job receiving and asking for pertinent information during shift report. Appropriate medical terminology was used during all communications provided. Good job communicating appropriately to staff RN and other health care disciplines when necessary. FB

* End-of-Program Student Learning Outcomes

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

Objective

3. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Document vital signs and head to toe assessment according to policy (Responding).						NA	NA	**S**	S	NI	NA					
b. Document the patient response to nursing care provided (Responding).						NA	NA	**S**	S	S	NA					
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	NA	**S**	S	S	NA					
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	S	NA					
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	NA					
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	NA	**S**	S	S	NA					
*Week 2 –Meditech		CB				CB	CB	**FB**	FB	FB	FB					

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 8 (4a,c,f) Good job with head to toe and vital sign documentation this week. Documentation was completed with minimal corrections. You were able to access medical information on your assigned patient appropriately. Your clinical discussion followed all criteria within the rubric and was posted on time. FB

Week 9: 4a- I feel like there were some things that I missed while documenting in Meditech and there were some things that I am not yet allowed to document on. Next time, I will look at my Meditech guidelines prior to clinical and when documenting I will look through the guidelines as well.
Week 9 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job! (4f)- CDG was appropriately posted following the CDG rubric, on time, and in a substantive manner. Your response to a peer also followed all the CDG rubric guidelines. Keep up the great work. FB

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

4. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						NA	NA	**S**	S	S	NA					
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						NA	NA	**S**	S	S	NA					
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	S	NA					
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						NA	NA	**S**	S	S	NA					
e. Organize time providing patient care efficiently and safely (Responding).						NA	NA	**S**	S	S	NA					
f. Manages hygiene needs of assigned patient (Responding).									NA	S	NA					
g. Demonstrate appropriate skill with wound care (Responding).									NA		NA					
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	NA	**S**	S							
						CB	CB	FB	FB	FB	FB					

Comments

****You must document the location of the pull station and extinguisher here for your first clinical experience.**

Week 8: Fire pull station was behind the front desk near the door where the providers and charge nurses go into and document on those computers. The fire extinguisher was located near room 3010 and the staircase. If heading to the staircase it would be to the left wall of the staircase door. KP

Week 8 (5e,h)- Great job providing safe and efficient care to your assigned patient. Satisfactory location of fire extinguisher. FB
Week 9 (5 d,e)- Nice job with the management of the care you provided to your assigned patient. You organize your time appropriately to provide safe, efficient care while making sure to provide care that contributes to positive patient outcomes. FB
* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																
5. 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**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	NA					
									FB	FB	FB					

Comments

Week 9 (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. FB

* End-of-Program Student Learning Outcomes

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

Objective
6. 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**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA							
b. Recognize patient drug allergies (Interpreting).									NA							
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA							
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA							
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA							
f. Assess the patient response to PRN medications (Responding).									NA							
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA							
*Week 11: BMV									FB							

Comments

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Reflect on areas of strength**(Reflecting)						NA	U	**S**	S	S	NA					
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						NA	U	~~S~~ NI	NI	S	NA					
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	U	**S**	S	S	NA					
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						NA	U	**S**	S	S	NA					
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						NA	U	**S**	S	S	NA					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	U	**S**	S	S	NA					
g. Comply with patient's Bill of Rights (Responding).						NA	U	**S**	S	S	NA					
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	U	**S**	S	S	NA					
i. Actively engage in self-reflection. (Reflecting)						NA	U	**S**	S	S	NA					
*						CB	CB	FB	FB	FB	FB					

**** Strength/weakness reflection (a,b): 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 7*a-i): Kyla, you did not self-rate yourself for these competencies, so therefore the rating is an "U". Please read the following from the directions above: If the student does not self-rate, then it is an automatic "U". 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. CB
Week 7: Next time, I will make sure that I scroll all the way down the document to make sure that I fill in every single competency box with S, NA, U, NI. Thank you for addressing the unsatisfactory ratings for week 7. It is always a good habit to double check your work and making sure it is complete. FB

Week 8:(8a). I feel as though I had a lot of great areas of strength this week. I feel that I managed to get vital signs correctly and remembered all that I needed to in my head-to-toe assessment. I also managed to notice items that were out of place or not in the room, like fall precaution signs and yellow ambulatory socks. Great job for noticing fall precaution necessities. You also did a great job obtaining your assessment and vital signs, also completing documentation appropriately. FB
Week 8: (8b). Some areas of self-growth that I think I could improve on is maybe completing my head-to-toe assessment in the correct order. There were some things I forgot when completing it originally, like capillary refill on the upper extremities and skin assessment on the back; however, I went back and completed what I missed before documenting and before leaving the patients room. This rating was changed to a NI because you did not provide a plan for how you will improve this area of self-growth. For example, you could have stated that you would review the checklist and practice on family members three times before your next clinical. FB

Week 9: (8a) Some areas of strength that I had this week were during my head-to-toe assessment. I got the chance to see what pitting edema was on a patient and had the opportunity to look further into what was causing that edema. I also responded to my patient's familiar needs. My patient was having a hard time speaking with his mom on the phone and asked me to help him. This allowed me to respond greatly to that patient's needs and the needs of the family. I also had the opportunity to educate my patient on using the call light when he needs to get up to go to the bathroom since he is a high fall risk. Great job patient safety is very important and if they are educated on the what, how, and why they are often very receptive to directions. FB
Week (8b): Some areas of self-growth that I think I could improve on are documentation. I did manage to add things in my documentation that I am not yet allowed to document on. I also missed some boxes to mark in Meditech for my documentation on my head-to-toe assessment. Before clinical next, I will look through my Meditech guidelines three times and have my Meditech guidelines near me when documenting again in Meditech. Another thing that I think I could do better next time is waking my patient up a bit more before starting vitals. I am still hesitant to wake my patient up in regards that they might be grumpy at me, however I think that I can fix that for next time. Before clinical next, I will practice waking my different family members up ten times to obtain vital signs and a head-to-toe assessment, so that I am not as afraid when I do it in clinical. Waking patients up can make anyone nervous, if you explain the importance of waking and your purpose most patients are understanding. They realize you have a job to do and it is in their best interest. It is a great idea to have the list of interventions to document on attached to your clipboard so you do not forget any interventions. Keeping the Meditech guidelines available is also beneficial. FB

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/18/2024 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time by 11/25/2024 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:				**Course Objective:**			
Date or Clinical Week:							
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)**		
	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. 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)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	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**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	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**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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 no in-text citation AND reference is 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:

Total Points:

Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/5/2024 or 11/12/2024	**Date: 11/25/2024 or 11/26/2024**
Evaluation (See Simulation Rubric)		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 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: _____