

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Nursing Foundations – 2024**

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

**Student:**

**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                    | 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         |                     |

**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
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.**

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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
<b>Competencies:</b>																
a. Identify spiritual needs of patient (Noticing).									NA	S	NA	S	NA	S		
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S	NA	S		
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	NA	S	S	NA	S	NA	S		
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S	NA	S	S	NA	S	NA	S		
						CB	NS	CB	CB	NS	NS	NS	NS			
						N/A	3T, 68		NA	4N, 76M		4N 73, F	NA	4N, 88, F		

Clinical Location:  
Patient age\*\*

**Comments**

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

Week 7 1(c,d) – You did a great job coordinating your care effectively during your first experience with a patient as a student nurse. You addressed your patient's needs and ensured accurate data was obtained in your vital sign and head-toe-assessment. You used Maslow's to prioritize your care and addressed their physiological needs through assessment. NS

Week 9 1(c,d) – You did well coordinating your care this week based on the patient’s needs and wishes. This was a challenging situation as your patient was lethargic and confused from the anesthesia received the evening before, which led to communication barriers. However, you communicated the interventions being performed to promote understanding and safety and considered his needs throughout the day. You used Maslow’s to first prioritize his vital signs and assessment related to his physiological needs, then focused on safety and comfort. You also respected his care needs in having numerous family members present in the room. Nice job! NS

Week 11 1(a-d) – You were able to coordinate your care effectively this week based on your patient’s wishes and needs. Although she was relatively independent and on the road to recovery following her hip replacement surgery, you were still able to perform several important nursing interventions and assessments. You were able to respect her privacy and time to heal while also addressing her needs. NS

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

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

**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
<b>Competencies:</b>																
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						N/A	NI	NA	NI	S	NA	S	NA	S		
b. Use correct technique for vital sign measurement (Responding).						N/A	S	NA	S	S	NA	S	NA	S		
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	S	NA	S	S	NA	S	NA	S		
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	NA	S	NA	S		
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	NA	S	NA	S		
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA	NA	NA		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	NA	S	NA	S		
						CB	NS	CB	CB	NS	NS	NS	NS			

**Comments**

**Week 72(a) - I graded myself for NI on head-to-toe assessment because I forgot a few things. I know it has been a little bit since we've been checked off, but feel like I could of done a better job with it. I appreciate the self-reflection and desire to improve. I will leave the evaluation as "NI."** However, keep in mind this was your first assessment on a real patient in the clinical setting after performing assessments in lab. This experience was aimed at getting you

comfortable with the process on a live patient. You will improve with each experience. From my standpoint when reviewing charting, it seemed as if you were overall thorough in your assessment. NS

Week 9 2(a) – You did well in approaching your assessment with an immobile patient who was lethargic from anesthesia. As we discussed, there are times where your assessment will be limited based on the patient situation. As you discovered, he was reluctant to turn or sit forward due to the pain from his back surgery, which limited your posterior assessment. However, you still noticed numerous deviations from normal in your assessment and communicated them appropriately in the EHR. NS

Week 9 2(c) – You performed the Johns Hopkins safety assessment to identify a fall risk score of 17, which put him at high risk. You discussed the factors that led to his score and implemented the appropriate precautions in the room to promote safety. NS

Week 11 2(c,d,e) – With your patient being in the post-operative periods following hip replacement surgery, safety is a priority concern for her as her impaired mobility could lead to safety concerns. You conducted a thorough safety assessment and ensured appropriate precautions were in place. Good job noting and discussing her prescriptions for narcotics for pain management and correlating the side effects to her potential safety risks. (d) you were able to monitor her incision site, noting the use of a prevena wound vac for incisional healing. With her limited mobility, you discussed her risks for skin breakdown and pressure ulcer formation and identified nursing interventions to implement to prevent these from occurring. You also discussed your patient's nutritional status in your CDG response this week, noting the importance of adequate nutrition for the healing process. NS

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

**Comments**

Week 7 3(a) – You were able to gain experience this week in obtaining hand-off report from the off going shift. This can be an overwhelming experience the first time as a lot of the information presented is complex and beyond your understanding as a Foundations student. However, this experience will be beneficial moving forward as you learn the important aspects of SBAR. Great job! NS

Week 7 3(d) – You recognized difficulty in palpating pulses during your assessment. You appropriately reported your findings to an instructor and followed-up by utilizing the doppler to ensure adequate circulation. Great job reporting a new finding and using available resources to ensure accuracy in your assessment. NS

Week 9 3(a,b) – You are beginning to gain more experience and confidence in receiving and providing hand-off report. You were able to utilize the SBAR sheet to update the assigned RN on your patient’s status prior to leaving the floor. (e,f) – you communicated well with the patient, his family members, and the health care team throughout the day. You were accountable for your assessments and nursing interventions and participated as an active member of the health care team. Well-done! NS

Week 11 3(e,f) – You were able to use strong communication to build a rapport with your patient. It was evident that she felt comfortable in your care, even mentioning to me how great of a job you were doing. Although she was independent for many of her care needs, you still spent time rounding on her and providing therapeutic communication throughout the week. You were an accountable member of the health care team by maintaining an open line of communication with the assigned RN. You reported your findings promptly and ensured all team members were on the same page. Furthermore in regards to communication, you were able to use good teamwork, collaboration, and communication in assisting your peers and performing new nursing skills such as wound care. NS

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

**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 7 4(a,b) – Overall you did a great job with your documentation in the live setting this week. You were thorough in the information presented and accurately reflected the assessments that were performed. NS

Week 7 4(e) – Great job with your CDG responses this week! Your initial post provided good insight into the different role you are experiencing as a student nurse compared to being a PCT. I think it's great that you have gained experience with patient care in the PCT role and this will benefit you greatly in the clinical setting as a student. While some aspects may be familiar, you are in a different role which brings different expectations. I am happy to hear that you are excited to learn more about your patients! You included an in-text citation and reference to enhance the conversation and APA formatting looked spot on! Nice work in your response to Michelle, supporting the discussion with new information with the use of a reputable resource. All criteria were met for a satisfactory evaluation. NS

Week 9 4(f) – Overall you did a good job with your CDG this week! See my comments on your initial post for further information. You did well to ensure all aspects of the CDG grading rubric were addressed. Both posts included an in-text citation and a reference using appropriate APA formatting. Your response post to Rylee included additional thought, provided thought-provoking questions, and enhanced the conversation. Overall job well done meeting all criteria for a satisfactory evaluation. NS

Week 11 4(a,b) – When reviewing and discussing your charting, it was noted that you are becoming more comfortable with the electronic health record and your documentation. Overall your documentation looked good, with some feedback provided during clinical regarding stating yes/no for each system being within defined parameters. NS

Week 11 4(f) - Great work with your CDG prompts this week. See my comments on your posts for further details. All criteria were met for a satisfactory evaluation. NS

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

**Comments**

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

Week 7: fire extinguisher and pull station located by room 3027 by exit stairs. Thank you! NS

Week 9 5(b,c) – You were able to maintain asepsis in all patient care interactions, including managing the foley catheter. You were able to demonstrate knowledge and skill in maintaining a foley catheter by ensuring there were no dependent loops, the catheter was appropriately secured, and the drainage bag was emptied appropriately. NS

Week 9 5(d,e) – you managed your time well to ensure all assessments were completed in a timely manner. You showed beginning dexterity in performing several nursing measures to promote positive outcomes for your patient. NS

Week 11 5(b,g) – You used good time management and prioritization on your patient to ensure all aspects of care were completed. This allowed you the opportunity to collaborate with your classmate to assess and change wound dressings. You did well this week providing and assisting with wound care to several different types of wounds. You were able to perform the skills of a dressing change for a skin tear, hand ulcer, and head abrasion while maintaining aseptic technique. Great job this week!  
NS

\* 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
<b>Competencies:</b>																
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	NA	S	NA	S		
									CB	NS	NS	NS	NS			

**Comments**

Week 9 6(a) – Clinical judgement skills were utilized to identify a priority nursing problem based on the patient care provided and assessments performed. You correctly identified altered mental status as a priority concern related to his cognition as a result of difficulty waking from anesthesia. You noted how this led to confusion of the environment and potential safety concerns. NS

Week 11 6(a) – You continue to enhance your clinical judgement skills with each clinical experience. This week you identified numerous nursing priorities and identified impaired mobility as your priority nursing problem related to her recent hip replacement surgery. Good work discussing the assessment findings and risk factors that supported your priority problem in your CDG. Your CDG demonstrated clinical judgement in correlating her nutritional status and mobility score to the healing process. NS

\* End-of-Program Student Learning Outcomes

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

<b>Objective</b>																
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
<b>Competencies:</b>																
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				NA	S		
b. Recognize patient drug allergies (Interpreting).									NA				NA	S		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				NA	S		
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NA	S		
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				NA	S		
f. Assess the patient response to PRN medications (Responding).									NA				NA	S		

g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	NA	S		
*Week 11: BMV									CB			NS	NS			

**Comments**

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

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

**\*\* 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 6(8f): Brittany, this competency was changed to a “NI” due to submitting the incorrect clinical tool. Remember when completing your clinical tool for the week, you will know you have the right tool when the prior week is completed by the faculty member or teaching assistant. If you ever have any questions, please reach out. CB

Week 7 Strength - A: My strength this week in clinical was being able to communicate effectively with the patient about her medical conditions. I think she felt more at ease after talking to me and I feel like that is part of our job when taking care of our patients. **That’s great! Even though you were with her for a short period of time, taking the opportunity to listen and talk our patients goes a long way in their overall outlook. We are a listening ear and advocate for our patients, and its important that they feel they can open up and talk with us. This is all a part of patient-centered care to promote healing. Great strength to note! NS**

Week 7 Weakness B: My weakness this week was not being able to remember everything the first time around with my head-to-toe. I remembered when I forgot and went back in the room to ask the patient. Because of this I will practice the head-to-toe on my family members, so I am more comfortable with it. **Good reflection and plan for improvement! You will get more confident with each experience. Practice goes a long way in becoming proficient. Keep up the hard work! NS**

Week 9 Strength: My strength this week was being able to ensure safety for my patient due to him being a fall risk. I was able to maintain cleanliness and make sure his room was clutter free. I was able to put fall precautions signs in place, wristband on patient and maintain safety measures on the patient’s bed. **Very good! As you discovered, your patient had significant safety risks as a result of the procedure he had done and his altered mental state. Unfortunately, proper precautions were not in place prior to you implementing them. Good job noticing various precautions were not initiated and implementing them to promote safety. Good thoughts! NS**

Week 9 Weakness: My weakness this week is my documentation. I know as time passes; I will become better with it. The part that I feel like I need improvement on is when I have a patient who I cannot assess certain areas on and going back into the chart and deciphering what needs documented and what doesn’t. I know my knowledge will grow throughout, but I feel as learning and gaining knowledge throughout will help with documentation. I will make sure I will take my time documenting in lab each week to ensure that I get comfortable with certain areas of the EMR. I will also see if I can take a day or two to see if I can pop in lab to document on random things if possible. **As we discussed on clinical, some patients will require alterations in your assessment approach. We have to tailor our assessments based on the patient’s ability to respond, move, etc. This can be challenging when the patient cannot answer subjective questions due to altered mental state. However, I feel this was a beneficial learning experience. Great plan for improvement! Keep up the hard work. NS**

Week 11 Strength: My strength this week in clinical was being able to help my classmates with bed changes and baths. For some of the girls this is their first time being in a hospital setting or doing any kind of work like we do in clinical, so it was nice to be able to show a couple girls around and show them where bag baths were and assist in getting things they needed for their patients. I showed one of the girls where to get water for their patient and where to get band aids. **Very good! Teamwork is at the foundation of nursing. You simply can’t work in healthcare without being a good team player. I thought you did a great job of being supportive and assisting your peers this week. I am sure you can remember back to your first clinical experience without any acute hospital care experience, how overwhelming and uncomfortable it was to move, change, or even touch a patient. Fast forward to now, after having worked as a PCT for several months, how much more comfortable you are in this area. I can assure you that your classmates appreciate your help and guidance for new experiences, well done! NS**

Week 11 Weakness: My weakness this week was assisting Cathryn in wound care. Although we were able to successfully change her patients’ dressings without any problems, I was still confused on what exactly we needed for the wound (supplies) because every wound is different for each patient and how she had the information to know exactly what to do. I am assuming she got instructions from her nurse. I will look or ask questions at next clinical to see where I would look and if the directions are in the patient’s chart or if it is something we should just know when changing them. **Good thoughts and question! Remind my to take you through the “orders” tab during your next clinical experience so I can show you details. Typically either the physician or wound care nurse will put in specific orders for wounds. We have protocols as bedside RNs that we can follow for initial dressing. We then consult with wound care who does a thorough wound evaluation and will provide us with dressing**

recommendations that the physician signs off on. These are found under the orders tab, where we as the bedside nurse can ensure we follow the orders as prescribed. Good plan for improvement! NS

WEEK 13 STRENGTH: My strength this week I thought was my documentation. I feel more confident in what I am documenting. Also feeling more confident when I am talking with my patients. For example (two weeks prior I was able to confidently answer my patients questions as to why she had to have her SCD's on and what it helped with and prevented).

WEEK 13 WEAKNESS: This week I gave a subcutaneous injection which was exciting and nerve wrecking at the same time. I would have been a lot more comfortable if it was just my instructor Nick and I, but patient had her niece present who was thoroughly involved. I felt extra pressure on myself, but I was able to get through it. There was some hesitation, but I feel in order to grow you have to push yourself and jump right in sometimes. I will gain more confidence in working with patients and strive to be a strong individual through my clinical experiences.

\* 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
<b>Noticing</b>	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)		
<b>Interpreting</b>	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)		
<b>Responding</b>	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: <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>	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

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

\* Course Objectives

# Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer**

STUDENT NAME(S) AND ROLE(S): Marilyn Miller (A), Leah Shelley (M), Brittany Rodisel (O), Madison Wright (O)

GROUP #: 4

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/5/2024 1330-1430

CLINICAL JUDGMENT COMPONENTS	Observation Notes
<b>NOTICING: (1,2,4,6,7) *</b>	<u><b>Focused observation</b></u>
<ul style="list-style-type: none"> <li>• Focused Observation: E A D B</li> </ul>	Focused observation on vital signs when entering the room
<ul style="list-style-type: none"> <li>• Recognizing Deviations from Expected Patterns: E A D B</li> </ul>	Focused observation and shortness of breath.
<ul style="list-style-type: none"> <li>• Information Seeking: E A D B</li> </ul>	Focused observation on patient’s cough.
	Focused observation on patient’s head-to-toe assessment
	Focused observation on patient’s heels when prompted by the patient stating discomfort.
	<u><b>Recognizing deviations from expected patterns</b></u>
	Noticed patient’s cough.
	Noticed temp of 99.2, BP 130/74, Spo2 of 90%, HR 80, RR 20
	Noticed tissues in the bed, noticed yellow sputum production
	Noticed crackles upon auscultation
	Did not notice order to maintain oxygen >93% initially.
	Did not notice reddened heels initially. When patient complained of soreness, redness was noticed.
	<u><b>Information seeking</b></u>
	Confirmed name and DOB with wristband.
	Sought information related to mental status (orientation questions).
	Sought information on normal blood pressure
	Sought additional information on patients cough.
	Medication nurse asked patient what she preferred to be called (name)
	Remember to assess for patient allergies prior to med administration

<p><b>INTERPRETING: (1,2,4,6,7) *</b></p> <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>	<p><b><u>Prioritizing data</u></b></p> <p>Prioritized vital sign assessment when entering the room.</p> <p>Prioritized focused assessment on patient’s cough and shortness of breath</p> <p>Did not prioritize oxygen administration initially. Consider prioritizing oxygen administration earlier.</p> <p><b><u>Making sense of data</u></b></p> <p>Made sense of crackles being related to pneumonia.</p> <p>Did not make sense of symptoms related to low Spo2 initially</p> <p>Made sense of reddened heels and impaired skin integrity from pressure.</p> <p>Made sense of provider order for oxygen.</p> <p>Made sense of guaifenesin order.</p> <p>Made sense of the MAR.</p> <p>Made sense of medications to be administered (indication)</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</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><b><u>Calm, confident manner</u></b></p> <p>Demonstrated confidence in nursing actions and communication with patient and team member.</p> <p>Answered patient’s questions appropriately.</p> <p>Great teamwork and collaboration</p> <p><b><u>Clear communication</u></b></p> <p>Introduced self and role when entering the room.</p> <p>Med nurse introduced self and role when entering the room</p> <p>Good communication with the patient throughout assessment.</p> <p>Good teamwork and communication throughout</p> <p>Good communication with the patient during medication administration.</p> <p>Educated on coughing and deep breathing, elevated the HOB for shortness of breath.</p> <p>Educated patients on medications to be administered.</p> <p>Educated on avoiding grapefruit juice with atorvastatin.</p> <p><b><u>Well-planned intervention/flexibility</u></b></p>

	<p>Elevated HOB due to patient's cough and shortness of breath.</p> <p>Focused assessment on patient's cough/sputum</p> <p>Pillow placed under heels to offload pressure.</p> <p>Educated on coughing and deep breathing, elevated the HOB for shortness of breath.</p> <p>Re-assessed patient after medication administration.</p> <p><b><u>Being skillful</u></b></p> <p>Confirmed name and DOB prior to medication administration.</p> <p>Good hand hygiene.</p> <p>Good body mechanics by raising the height of the bed.</p> <p>HEENT assessment performed accurately with PERRLA</p> <p>Neuro assessment performed</p> <p>ROM assessed in all extremities. Pulses assessed and compared bilaterally</p> <p>Heart and lung sounds assessed accurately</p> <p>Remember to auscultate stethoscope to skin, not over the gown.</p> <p>Integumentary system assessed. Be sure to look at bony prominences such as heels, elbows, etc.</p> <p>Extremity strength assessed accurately.</p> <p>GI assessment performed accurately. Asked about last BM.</p> <p>GU assessment performed accurately.</p> <p>Observed 7 rights of medication administration.</p> <p>Asked patient how she takes her medications safely.</p> <p>Three medication safety checks performed.</p> <p>BMV scanner used for patient safety</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</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>Observers did an excellent job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</p> <p>Everyone 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. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.</p>

<b>SUMMARY COMMENTS: * = Course Objectives</b>  <b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b>  <b>E= Exemplary</b> <b>A= Accomplished</b> <b>D= Developing</b> <b>B= Beginning</b>				<b>Lasater Clinical Judgement Rubric Comments:</b>  <b>Noticing:</b> Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Identifies obvious patterns and deviations, missing some important information. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.  <b>Interpreting:</b> Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.  <b>Responding:</b> Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.  <b>Reflecting:</b> Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates a commitment to ongoing improvement; reflects and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.								
<b>Skills Lab</b> <b>Competency Evaluation</b>  <b>Scenario Objectives:</b> <b>Performance Codes:</b> <ul style="list-style-type: none"> <li>Demonstrate collaborative communication with patient and healthcare team members (1,3,8) *</li> <li>Execute accurate and complete head to toe assessment (2,3,5,8) *</li> <li>Select and administer prescribed medications following the six rights (1,4,5,7) *</li> <li>Identify and provide accurate patient education (1,2,3,4,5,8) *</li> </ul>				<b>Lab Skills</b>  <b>Satisfactory completion of NF Scenario #1.</b>								
	<b>Week 1</b> (4)*	<b>Week 2</b> (2,3,5,8)*	<b>Week 3</b> (2,3,4,5,8)*	<b>Week 4</b> (2,3,4,5,8)*	<b>Week 5</b> (2,3,4,5,8)*	<b>Week 6</b> (1,2,3,4,5,8)*	<b>Week 7</b> (2,3,4,5,8)*	<b>Week 8</b> (2,3,4,5,8)*	<b>Week 9</b> (2,3,4,5,8)*	<b>Week 10</b> (2,3,4,5,6,8)*	<b>Week 11</b> (2,5,7)*	
	<b>Date:</b> 8/19/2024	<b>Date:</b> 8/27/2024	<b>Date:</b> 9/6/2024	<b>Date:</b> 9/11/2024	<b>Date:</b> 9/18/2024	<b>Date:</b> 9/25/2024	<b>Date:</b> 10/2/2024	<b>Date:</b> 10/9/2024	<b>Date:</b> 10/16/2024	<b>Date:</b> 10/23/2024	<b>Date:</b> 10/29/2024	
	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	<b>Evaluation:</b>	
	HS	HS	HS	AR	HS	AR	NS	FB	CB	AR	AR	
<b>Remediation:</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
<b>Date/Evaluation/Initials</b>												
<b>Remediation:</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
<b>Date/Evaluation/Initials</b>												

\*Course Objectives

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

Student Name: Brittany Rodisel

Comments:

**Week 1 (Technology Lab):** During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.

- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. HS

**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! HS

**Week 3 (Vital Signs):** Awesome work 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 both blood pressure results on the Vital Sim manikin for a satisfactory evaluation. The first blood pressure measurement was set at 130/74, and you identified it as 130/72, which was within the desired range. The second measurement was set at 110/60 and you interpreted it as 110/58, which was within the desired range as well. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, great work! You provided accurate detail in your communication with the “patient”. Your documentation was completed accurately for the vital signs however, you did not link a nurses note to the vital sign intervention. Be sure to pay close attention to all details when documenting. This will improve with continued practice in the lab. Keep up the great work!! HS

**Week 4 (Assessment):**

Satisfactory with head to toe assessment guided practice, hand-off report activity, Lexicomp/Intranet navigation activity, and the assessment/safety activity utilizing your clinical judgment skills. Great job! You will be observed 1:1 for Head to Toe Assessment competency during Week 5. AR

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

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 1 prompt related to assessing pain (rating, location, type, duration, associated symptoms, aggravating factors). You demonstrated friendly, professional, and informative communication. Great job!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

- **Pain-** omitted documentation that “physician already aware”
- **Vital signs-** omitted “palpation” for pulse method.
- **Safety-** Documentation was complete and accurate.
- **Physical reassessment-** Gastrointestinal (bowel movement aid)- omitted “daily”

Mobility Lab 9/19/2024: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. HS

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

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD’s, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! AR

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

Nice job this week in the skills lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. For the Insertion checklist, one prompt was required related to checking the position of the tube in the back of the throat with a penlight. You were able to remind yourself to offer oral hygiene after insertion. For irrigation, no prompts were required, well done. You were able to remind yourself to rinse and label the irrigation equipment appropriately. For removal, you did not require any prompts, well done. You were able to verbalize understanding of the difference between irrigation and flushing and aspiration precautions. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. 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. Keep up the hard work! NS

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

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. You did not require any prompts during the sterile glove application, Foley catheter insertion or the removal of the catheter. You had very good communication with your “patient”. Great job! You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work!!! FB

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 in preparation for clinical. Great job! CB

**Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):**

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the “clean” field and followed aseptic technique throughout. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! CB

**Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):**

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

**Week 11 (Medication Lab):**

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR

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