EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Michelle Porcher

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 12/2/2024

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: Chandra Barnes, MSN, RN

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)

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	S	NA	S	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	NA	S	NA	S	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S	NA	S	NA	S	NA	S
						CB	NS	CB	CB	CB	CB	CB	CB	CB	CB	CB
Clinical Location; Patient age**						NA	3T 88 yr	NA	NA	4N 52 yr	NA	4N 71 yr & 86 yr	NA	4N 87 yr & 75 yr	NA	

Comments

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

Week 7 1(c,d) – Michelle, you did a great job this week coordinating your care effectively, considering your patient wishes and needs. You were able to use Maslow's to prioritize your care effectively, ensuring her physiological needs were met through careful assessment first. You then noticed that she was incontinent of urine and ensure her hygiene needs and self-esteem needs were met before exiting the room. While the primary focus of the experience was performing a head-toe-assessment, you noticed additional care that was required and performed nursing measures safely and accurately. Nice job! NS

Week 9(1d): Michelle, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

Week 11(1c,d) – Michelle, nice job this week interacting with your patient, and respecting your patient's preferences, values, and needs. You used Maslow's to determine the importance of meeting the physiological needs of your patient first. CB

Week 13(1a,b,d): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. You did a nice job meeting the needs of your patient, using Maslow's. CB

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

Comments

Week 7 2(a,b) – Great job with your first head-toe-assessment on a real patient as a student nurse! You used the techniques learned in class and lab to obtain important objective and subjective data. In your assessment, various deviations from normal. In the HEENT assessment, you noticed drainage from the right eye that differed from the left. For the respiratory system, you noticed the use of supplemental oxygen, dyspnea on exertion, and clear lung sounds. Your cardiovascular assessment noted an irregular heart rate, weak pulse upon palpation to the right dorsalis pedis, weak pulse and the need for a doppler on the left dorsalis pedis, pitting edema in the bilateral feet, and the

use of telemetry. For her neurovascular assessment, you noticed numbness/tingling in her bilateral feet and lack of sensation, which was attributed to her neuropathy. You noted her use of a walker for ambulation, a mepilex dressing in place to the coccyx, constipation, and urinary incontinence. Overall a very thorough assessment that was well done! NS

Week 7 2(c) – this competency was changed to "NA" because we did not have to perform the Johns Hopkins Fall/Safety assessment this week. NS

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient's priority problem and lab/diagnostic testing that would correlate. CB

Week 11(2a,e,g): Great job performing your head to toe assessment using different techniques to help you collect data on your patient. You were able to use findings from your assessment and look at diagnostic studies in the EMR to understand your patient's priority problem. You were able to look at your patient's nutritional status (BMI, meal intake, modified diets) and see how that tied in with your priority problem as well. CB

Week 13(2a,d,f,g): Michelle, great job performing your head to toe assessment, being very thorough and detailed. Although you are unable to document a skin assessment, this was also performed during your head to toe. Great job maintaining your patient's NG tube while he had it. You did a nice job describing labs and diagnostic test that you patient had performed related to their priority problem. CB

* 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	S	NA	S	S	NA	S	NA	S	NA	**S**
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	NA	NA	S	NA	S	NA	S	NA	**S**
c. Use appropriate medical terminology in verbal and written communication (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
e. Communicate effectively with patients and families (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	S
						CB	NS	**CB**	CB	CB	CB	CB	CB	CB	CB	CB

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(e,f) – You were able to effectively communicate with a live patient for the first time as a student nurse. Through communication, you developed a rapport with your patient to learn more about her. You participated as an accountable member of the healthcare team by performing important assessments and documenting your care timely and accurately to ensure all providers were on the same page. NS

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. CB

Week 11(3e): Michelle, great job this week communicating with your patient. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 13(3e): Excellent job this week communicating with your patients, peers, and floor staff. You did a nice job communicating during your medication pass, ensuring that your patient was aware of what meds they were receiving. CB

* 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	S	NA	S	S	NA	S	NA	S	NA	**S**
b. Document the patient response to nursing care provided (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	NA	S	S	NA	S	NA	S	NA	**S**
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	NA	NA	NA	NA	NA	NA	**S**
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	NA	NA	NA	NA	NA	NA	**NA**
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
*Week 2 –Meditech		CB				CB	NS	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

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(e) – Michelle, your CDG responses this week were excellent. All criteria were met for a satisfactory evaluation. You provided great detail and insight in both your initial post and response post. I enjoyed reading your reflection response and how you compared your previous experiences to this new experience as a student nurse.

While you have great experience in patient care, going into a new role can bring forth some nerves and anxiety that maybe you didn't expect. As you mentioned, this is all new and you are still learning. Your discussion on your patient's assessment presented great detail and was supported with additional research through the use of an in-text citation and reference to help you and your classmates learn more from your experience. Great use of clinical judgement throughout your discussion! I appreciate the personal experiences shared in your response to Brittany to help enhance the conversation as well. Overall very well done. APA formatting was spot on! NS

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Great job meeting all the requirements for your cdg this week, being very thorough and detailed. You did a great job discussing findings between yourself and Morgan. CB

Week 11(4c,f): You did a good job of accessing your patient's EMR to look up information related to your patient's hospitalization. You did a great job on your cdg this week, meeting all requirements. CB

Week 13(4c,e,f): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. You did a great job on your cdg this week, meeting all requirements per the grading rubric. CB

* 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	~~NI~~ S	NA	S	S	NA	S	NA	S	NA	**S**
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA	NA	NA	NA	S	NA	**S**
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
e. Organize time providing patient care efficiently and safely (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
f. Manages hygiene needs of assigned patient (Responding).									NA	S	NA	S	NA	S	NA	**S**
g. Demonstrate appropriate skill with wound care (Responding).									NA		NA	S	NA	NA	NA	**S**
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	S	NA	S							**S**
						CB	**NS**	**CB**	**CB**	**CB**	**CB**	**CB**	**CB**	**CB**	**CB**	**CB**

Comments

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

Some locations of fire pull stations include outside of rooms 3010 and 3027, the nurse's station, and near the fire doors by room 3037. Some locations of fire extinguishers include outside of rooms 3010 and 3027 near the fire pull stations. Thank you! NS

Week 9(5d,e,f): Great job managing time to ensure that your patient's basic needs and hygiene needs were met. CB

Week 11(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient, transferring your patient to the chair, and while your patient was in bed, great job! Michelle, you did a great job changing your patient's dressing to his hand. You followed the healthcare providers orders and appropriately assessed, changed the dressing, and documented. CB

Week 13(5e): Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB

* 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	S	NA	S	S	**S**
									CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 9(6a): Great job this week realizing what your patient's priority problem would be in order to develop a patient centered plan of care. CB

Week 11(6a): Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient's priority problem, and centering patient care around that. CB

Week 13(6a): You were able to develop a plan of care for your patient related to their priority problem this week in clinical, good job! In your cdg, you listed appropriate interventions you implement for your patient's priority problem. CB

Week 14(6a): Michelle, excellent job creating a care map on your patient with the priority problem of excess fluid volume. I have attached the completed rubric below with detailed feedback! CB

* 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				NA	S	NA	**S**
b. Recognize patient drug allergies (Interpreting).									NA				NA	S	NA	**S**
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				NA	S	NA	**S**
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NA	S	NA	**S**
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				NA	NA	NA	**NA**
f. Assess the patient response to PRN medications (Responding).									NA				NA	NA	NA	**NA**
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	NA	S	NA	**S**
*Week 11: BMV									CB			CB	CB	CB	CB	**CB**

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

Week 13(7a-d, g): Michelle, you did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You reassessed your patient after giving medications, ensuring their safety. You followed the 7 rights of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. 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
Competencies:																
a. Reflect on areas of strength**(Reflecting)						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						NA	S	NA	S	S	NA	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).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
g. Comply with patient's Bill of Rights (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
i. Actively engage in self-reflection. (Reflecting)						NA	S	NA	S	S	NA	S	NA	S	NA	**S**
*						CB	NS	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

**** 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

8A) I was able to accurately obtain bilateral radial pulses. Very good! You were also able to note the irregularity to her pulses related to her afib diagnosis. You were even presented with questions from the nursing director related to your patient which you answered accurately and with confidence! A great first week as a student nurse! NS

8B) I had difficulty finding my patient's pedal pulses with palpitation. I used a doppler to locate the pulses and was then able to palpate the pedal pulse in one foot. I will practice palpating pedal pulses on my family members this week. This can be challenging, especially when a patient has an irregular heart rhythm and edema. You followed the appropriate steps and ensured adequate circulation through alternative assessments methods. Great plan for improvement. Keep up the hard work! NS

WEEK 9

8A) I was able to accurately calculate patient's intake and output during the time that I was with the patient. Great job, Michelle! Documenting accurate I&O's in a key in ensuring the patient is getting appropriate care. CB

8B) I have difficulty remembering every detail that is asked for in the documentation of the physical assessment. I will continue to review questions I need to ask the patient and observations that I need to make so the process of doing the physical assessment will flow better. This will allow me to do the assessment without having to reference the charting intervention as frequently. Great plan that you have in place to ensure that you are remembering the questions to ask during a head to toe assessment, allowing it to be detailed and thorough. CB

WEEK 11

8A) I was able to correctly identify my patient's abnormal lung sounds as crackles. The bedside nurse had walked into the room, and I asked her if she would listen to verify that I was correct with my assessment. Great job Michelle, recognizing abnormal lung sounds on your patient. CB

8B) I weakness that I had was not setting up supplies and the trash can within my reach when doing a dressing change. Next time I will be better prepared and have everything within reach because I won't always have someone to assist me. Michelle, you have a great plan in place to be better prepared next time. You will get a routine down and it will become second nature just to have everything in place. CB

WEEK 13

8A) I was able to safely administer my patient's medications through various routes (oral, topical, eye drops, and SubQ). Michelle, you did a great job administering medications. You took your time and were very thorough, explaining each medication to your patient and ensuring that they knew what each med was for. CB

8B) A weakness that I had was monitoring the patient's suction canister that was collecting gastric contents via an NG tube and NG tube accurate placement. When getting report from the night shift nurse there was discrepancy in the placement of the tube. When the bedside nurse and previous shift nurse came to the room for bedside report the night nurse stated that the tube was still at the appropriate length. Later I found a note in the patient's chart that the NG tube was at 57cm after placement, but the tube had been at 51cm during shift change. To improve efficiency and patient safety to prevent aspiration, I will check the chart immediately for documentation of the proper placement of the NG tube and take note of contents in the suction canister. Michelle, this is a great learning experience for you to take away that no matter what someone might report to you, that looking for the appropriate documentation is the best thing to do to ensure patient safety. CB

Week 13(8i): Michelle, thank you for reflecting on your first medication pass in your cdg! As you experience passing medications in future clinicals, you will gain confidence and education on more medications. CB

Final comment: Michelle, you did an excellent job this semester! You came to each clinical prepared and ready to take on any patient assigned to you. You have grown over the weeks with your confidence and knowledge of not only the environment of the hospital and clinical setting, but also your patients and their needs. Every single one of your patient's were pleased with the care you provided and the time that you spent with them. Great job, and I am excited to see your growth continue! CB

* 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
11/18/2024	Fluid excess volume	*S/CB	*NA

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: Michelle Porcher				**Course Objective:**	Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)		
Date or Clinical Week: 11/18/2024							
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	Great job providing specific abnormal patient data including assessment findings and diagnostic/lab findings. You listed appropriate risk factors for your patient. The only suggestion I have is an abnormal assessment finding of an automatic high John Hopkins falls score.
	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	You did a great job listing nursing priorities. The only suggestion I would have is to include risk for adult pressure injury. Good job including a goal statement, remember there needs to be a timeframe, so by discharge would be appropriate. You did a great job highlighting abnormal findings that correlated with your top nursing priority of excess fluid volume. Potential complications were listed and you were able to also list signs and symptoms related to each of them, excellent job!
	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	
Respondin	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job listing realistic interventions that were related to your patient, that were prioritized. You provided a rationale for each intervention that was pertinent to your patient, and each intervention
	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	

g	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	included a frequency.
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Michelle, good job reassessing highlighted abnormal assessment and lab/diagnostic findings. Great job including to continue the plan of care for your patient.
	15. Evaluation includes one of the following statements: • 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: Michelle, excellent job on your first nursing care map. You were very detailed and thorough on this clinical assignment. Always remember when completing an assignment with guidelines and a rubric, have them both available to reference. CB

Total Points:
45/45

Faculty/Teaching Assistant Initials:
CB

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)	S	S
Faculty Initials	CB	CB
Remediation: Date/Evaluation/Initials	NA	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): Karlee McAvoy (A), Lillian Osborn (O), Michelle Porcher (M)
GROUP #: 1
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/5/2024 1030-1130

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *					**Focused observation**
• Focused Observation:	E	A	D	B	Focused observation on patient's pain level (0/10) Did not notice shortness of breath related to low Spo2 due to vitals not being obtained first. Eventually noticed shortness of breath with Spo2 of 89%. (discussed in debriefing) Focused observation on skin integrity when noticed reddened heels. Eventually focused observation on vital signs. Focused observation on patient's cough during assessment. Focused observation on patient's lung sounds.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	**Recognizing deviations** Did not notice low Spo2 (89%) initially due to performing assessment prior to vital signs. Noticed patient's cough, encouraged water intake. Noticed crackles upon auscultation of lung sounds. Noticed shortness of breath. Noticed redness to the heels during assessment. Noticed Spo2 of 90% Recognized as abnormal. Noticed RR of 18. Noticed BP 130/74, HR 80, temp 99.2. Did not noticed tissues with yellow sputum in the bed.
• Information Seeking:	E	A	D	B	**Information seeking** Confirmed name and date of birth when entering the room. Compared with the wrist band. Sought additional information related to cough (sputum production, color, consistency) Sought information related to patient's pain (0/10). Sought information related to medication administration (verified name and DOB), performed 7 rights of medication administration. Asked if patient took medications with water. Remember to ask about allergies prior to medication administration.

INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data** Prioritized assessment before vitals. (discussed in debriefing) Prioritized focused assessment of respiratory system, focusing on patient's persistent cough. Did not prioritize researching medications to provide full patient education. **Making sense of Data** Interpreted Spo2 of 90% as below normal. Made sense of shortness of breath and cough related to pneumonia. Made sense of guaifenesin medication PRN order for persistent or non-productive cough Made sense of prescribed oral medications. Made sense of crackles being related to pneumonia.
RESPONDING: (1,2,3,4,5,6,7) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	**Calm, confident manner** Demonstrated confidence in nursing actions and communication with patient and team member. Answered patient's questions appropriately. **Clear communication** Introduced self and role when entering the room. Explained interventions to be performed. Good communication with the patient throughout. Good education on the need for oxygen related to Spo2 level. Educated patient on medication, dosage, and indication. Consider looking medication up prior to administration in order to educate on potential side effects. **Well-planned intervention/flexibility** Started head-to-toe assessment, did not obtain vital signs initially. (discussed in debriefing) Teammate reminded assessment nurse to obtain vital signs Focused assessment performed on patient's cough Encouraged the patient to continue to cough and deep breath related to crackles. Encouraged water intake. Applied nasal cannula as ordered by physician to maintain Spo2 >93%. Verified name and date of birth prior to applying oxygen. Remember to re-

	assess Spo2 after oxygen administration. Good job with safety lowering the bed. Focused re-assessment performed on the respiratory system. Noticed Spo2 at 94% on 2L. Noticed reddened heels. Did not intervene (elevate with pillows to offset) Elevated HOB when shortness of breath was noticed. **Being skillful** Did not assess oral cavity, numbness and tingling, or lower extremity strength (push/pull). Missed some neuro assessment (eyebrows, smile, orientation questions, etc). HEENT assessment performed partially. Neuro assessment performed partially. Respiratory assessment performed. Lung sounds auscultated skin to skin (6 locations, anterior/posterior/lateral) Cardiovascular assessment performed. Gastrointestinal assessment completed (looked, listened, felt). Asked about last BM. GU assessment performed. Sought information on elimination pattern, symptoms. Integumentary assessment completed. Musculoskeletal assessment completed. Circulation assessment completed. Elevated bed for proper body mechanics. Good hand hygiene. Used BMV scanner for medication safety.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers did a great 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.

	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) *	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. 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. Interpreting: 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. Responding: Generally displays leadership and confidence and is able to control or calm most situations. Generally communicates well; explains carefully to patients; gives clear directions to team. 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. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. **Satisfactory Completion of NF Scenario #1.**

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lilly Osborne (M) and Michelle Porcher (A)
GROUP #: 1
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/25/2024 0800-0900

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Identified patient with name and DOB and compared to wristband for patient safety. Noticed low SpO2 (90%) when obtaining vital signs. Noticed SOB. Focused observation on patient's respiratory status. Noticed crackles on auscultation. Noticed sputum/tissues in the bed. Sought further information related to duration of cough and sputum. Noticed patient coughing with complaints of pain. Sought additional information related to patient's pain (location, rating). Noticed patient's pain 7/10. Sought additional information by re-evaluating the patient's breathing status after oxygen administration. Noticed order for morphine. Did not notice need for dosage calculation (discussed in debriefing). Consider asking patient preference for injection location.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized vitals signs when entering the room. Prioritized oxygenation status, made sense of SOB and physician order for oxygen at 2L NC. Prioritized focused respiratory assessment related to shortness of breath. Prioritized pain assessment when noticing patient in pain. Remember to complete all steps of a pain assessment (discussed in debriefing). Made sense of need to communicate with medication nurse to medicate for pain. Made sense of the MAR for morphine administration related to pain 7/10. Did not make sense of MAR documentation related to morning PO medications already being administered initially, prompted by patient (discussed in debriefing). Prioritized returning medications to the pyxis for

	medication safety.
RESPONDING: (1,2,3,4,5,6,7) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Introduced self and role when entering the room for communication. Elevated HOB for shortness of breath Administered O2 via nasal cannula at 2L for Spo2 of 90%. Focused respiratory assessment performed. Focused pain assessment performed. Re-evaluated patient's breathing after applying oxygen. Educated on performing breathing exercises with incentive spirometry. Educated on smoking cessation. Provided information on alternatives such as a nicotine patch. Educated on turning and repositioning to help with pain and breathing. Also the importance of getting up and out of bed ambulating, and sitting in a chair. Educated on splinting with a pillow while coughing to help with pain/discomfort. Fall precautions implemented and education provided. Good communication with the patient regarding plan for pain relief. Good communication among team members. Good communication with the patient during assessment for comfort. Did not perform dosage calculation. Administered 6mg of morphine to patient. (Discussed in debriefing need to waste 1ml (2mg) of morphine and need for witness when wasting excess narcotics). Good communication to determine medication orders. Returned unused medications after noticing they have already been administered. Did not select appropriate size needle for IM injection, selected 25g, 5/8inch (discussed in debriefing). Selected deltoid muscle for SubQ injection site. IM needle injected at 90-degree angle. Remember to aspirate prior to injecting medication to assess for presence of blood. Education on morphine once prompted by patient. Re-evaluated Spo2 of 94% after oxygen administration and additional interventions. Encouraged patient to utilize incentive spirometer. Elevated heels on pillow for redness.

REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent 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. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. **Satisfactory Completion of NF Simulation #2!**

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

Student Name: Michelle Porcher

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory		**Lab Skills**									
	Week 1 (4)*	**Week 2 (2,3,5,8)***	**Week 3 (2,3,4,5,8)***	**Week 4 (2,3,4,5,8)***	**Week 5 (2,3,4,5,8)***	**Week 6 (1,2,3,4,5,8)***	**Week 7 (2,3,4,5,8)***	**Week 8 (2,3,4,5,8)***	**Week 9 (2,3,4,5,8)***	**Week 10 (2,3,4,5,6,8)***	**Week 11 (2,5,7)***
	Date: 8/19/2024	**Date:** 8/27/2024	**Date:** 9/6/24	**Date:** 9/11/2024	**Date:** 9/18-19/2024	**Date:** 9/25/2024	**Date:** 10/2/2024	**Date:** 10/7/2024 10/9/2024	**Date:** 10/16/2024	**Date:** 10/23/2024	**Date:** 10/29/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	HS	HS	NS	AR	FB	AR	HS	HS	HS	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

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 two out of three blood pressure results on the Vital Sim manikin for a satisfactory evaluation. The first blood pressure measurement was set at 134/78, and you identified it as 132/78, well within range for a satisfactory result. The second measurement was set at 102/66 and you interpreted it as 112/6, slightly out of the desired range. The third measurement was set at 156/92, and you interpreted it as 154/92 – well within the desired range! 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 were able to remind yourself about raising the height of the bed and lowering the side rail for safety. You provided accurate detail in your communication with the "patient". Your documentation was 100% accurate. Keep up the great work!! NS

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):

Excellent job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. Job well done! FB

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:

Every experience during skills lab, clinical, and simulation lab has helped me grow. I have developed a better understanding of basic nursing skills and expanded my critical thinking skills. I have become more confident with assessments each time that I have performed them. An area of improvement that I see for myself is to continue building confidence. At times I find myself 2nd guessing my assessment findings, for example, differentiating between lung sounds if they aren't clearly heard.

Thank you to all the instructors for helping me learn new skills and the ability to apply them in the clinical setting!

Student eSignature & Date: __Michelle Y. Porcher_____December 3, 2024_____