

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
 Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
 Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

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. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	NA S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
e. Administer medications observing the seven rights of medication administration. (Responding)	NA S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S					
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	NA	S	S NA	NA	NA	NA	NA	S	NA	NA	NA	S					
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	NA	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						
Clinical Location	Digestive health & Special procedures	NA	Cardiac diagnostic, Infusion Center, Quality/ Core measure	4P	4P	4C				Patient discharge/scavenger hunt	NA	NA	4 North					

Comments:

*End-of- Program Student Learning Outcomes

Week 2 (1b,c)- Satisfactory during your Special Procedures clinical and discussion via CDG posting. Preceptor comments: “Excellent in ‘actively engaged in the clinical experience’ and ‘demonstrates professionalism in nursing’; Satisfactory in all other areas. Several IV starts, sterile tray setup, observed paracentesis, liver biopsy, HD cath placement, moderate sedation, angiogram.” Great job. (1e,f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 4 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Paige was very engaged, with asking questions of the staff, and speaking with patients. We had a unique patient situation, and she responded with compassion and kindness. Keep up the great work, and never lose that kindness!” Great job Paige!! (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: “Satisfactory in ‘actively engaged in the clinical experience’, ‘demonstrates prior knowledge of departmental/nursing responsibilities’, and ‘demonstrates professionalism in nursing’; all other areas excellent. Student primed IV lines, watched dressings and IVIG given.” Great job! Keep up the good work. AR

Week 5(1a,b,d,e): Great job this week managing complex patient situations while on 4P. You were able to perform thorough assessments, implement interventions, and evaluate your patient’s response to those interventions. You were able to administer medications using the seven rights of medication administration and utilized the BMV system. CB

Week 6(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, IV push, PO, SubQ), following the seven rights of medication administration. Great job! CB

Week 7- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. You were also able to observe a thoracentesis, an intubation, and an EGD with variceal banding. 1d- We discussed atrial fibrillation/flutter, PVCs, paced rhythms, and heart blocks. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration. Nice work! BS

Week 9 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”. Keep up the good work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	NA	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	NA	NA	NA	S	NA S	S	NA	NA	S	NA	NA	NA	S					
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

***When completing the 4T Care Map CDG refer to the Care Map Rubric**

Comments:

Week 5(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications. Excellent job on your care map, please see the grading rubric below. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 6(2a,b,d,e): Great job this week, you were able to notice abnormal assessment findings and recognize potential complications. Excellent job on your pathophysiology, please see the grading rubric below. Competency 2d was changed to a “S” rating because although you did not complete a care map for your cdg,

*End-of- Program Student Learning Outcomes

while in clinical you are always formulating a plan of care for your patient. You do a great job respecting your patient and family's needs, ensuring that optimal care is provided around their needs. CB

Week 7- 2a- You did a nice job correlating the relationships among your patient's disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete your CDG this week. 2b,c,d- Nice job during debriefing also, where you provided two priority nursing diagnoses for your patient, discussed how you monitored for potential risks and anticipated possible complications, and discussed recognizing changes in patient status and how you responded. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA	NA	S	NA	S	S	NA	NA	S	S	NA	NA	S					
a. Critique communication barriers among team members. (Interpreting)				S														
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	NA	S	NA	S	S	NA	NA	S	S	NA	NA	S					
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	NA	S	NA	S	S	NA	NA	S	S	NA	NA	S					
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA	NA	S	NA	S	S	NA	NA	S	S	NA	NA	S					
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	S	NA	NA	NA	S												
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

Comments:

Week 4 (3b,c)- Satisfactory during Infusion Center clinical and Quality Assurance/Core Measures observation, and discussion via CDG postings. Keep up the great work. AR

Week 5(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Competency 3a,b,d were all changed to a “S” rating because these are things that you do while in the clinical setting. CB

Week 6(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 7- 3b- Good job during debriefing discussing quality improvement, core measures, and the importance of documentation. BS

Week 9 (3b,c)- Satisfactory during Quality Scavenger Hunt, with documentation, and discussion via CDG posting. Keep up the good work. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)									S									
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

Objective 4a: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

Week 2: An ethical or legal issue I observed was with our first patient. He came to get a hemodialysis catheter, and we went to transfer him over onto the table and when we rolled him over, his back end was covered in dried feces. That is a serious legal issue that could occur due to negligence. Although I don't know his case or what the nurse have been dealing with but it had looked like it didn't just happen. That could be harmful for the patient as well due to a bedsore starting on his coccyx. **How sad. I think ethics plays a part in this situation also. Great example. AR**

Week 3: NA

Week 4: An ethical or legal issue I noticed was with a homeless man coming in for a wound change. He now must come into the infusion center for a wound change every Tuesday and Thursday because the wound clinical will no longer take him. The wound clinic will no longer take him because he does not adhere to a treatment plan. He has a chronic non healing wound possibly because of the lack of nutrients and financial stability. Instead of helping him they stopped scheduling him to come making him seek treatment elsewhere. **This is a great example, and I agree that it could be both ethical and legal. AR**

Week 5: An ethical or legal issue I observed was not my patient but another health care team's patient. Her patient was admitted for pneumonia for a second time. He came in from the OVH about a week ago and was treated for pneumonia and then sent home after a week because he started to get better. Not even a week and a half later after discharge he was brought back to us with the pneumonia back. That is a problem because we discharged him, and he didn't get better as well as possible neglect or maleficence from the OVH nurses. **Paige, this is a great example of an ethical or legal issue. I know the patient you are talking about because another student had them during their prior admission, and this patient was a DNRCC that the family changed to a full code so that everything would be done for him. CB**

Week 6: An ethical or legal issue I noticed was with one of my patients this week. She had a pacemaker put in after having multiple syncopal episodes at home as well as severe weakness. The patient utilized autonomy when she denied/ chose not to proceed with rehab even after multiple recommendations to go. **Paige, great example. Although your patient would have greatly benefited from rehab, she was well enough to go home and care for herself with help from her family. CB**

Week 7: An ethical or legal issue I noticed was with my patient. He was intubated, on a vent and his stepdaughter is the only one he talks too. He has a son, and his brother was still alive, but he does not associate with them. Due to no legal documents his stepdaughter could not make any medical decisions for him like we wanted

*End-of- Program Student Learning Outcomes

too. That can become an issue because if his brother or son decide something and she disagrees with it, even though she is the one that physically has been taking care of him, there is nothing that she can do. It is also an autonomy problem because the patient is not physically able to advocate for himself. This is a great example, Paige, and one that is dealt with often in the ICU environment. Many people just don't think about these types of issues until they are faced with them. It is a good idea, especially as you get older, to at least designate someone to carry out their wishes. It is also important to choose a person who will be able to make tough decisions in a difficult situation. BS

Week 9: An ethical or legal issue I observed was a patient that had diabetes, hypertension and other ongoing issues that brought her into the hospital. She had her primary nurse, and the physician educate her on proper diet, exercise and her sedentary lifestyle. When the patient advocate and I went in, she knew she needed to change her diet, but nobody told her what was good for her to eat, what she should avoid and how much she should consume. If the patient advocate would not have checked on her, she would've just googled the information and wouldn't have told her all the important things she really does need to know. We then contacted dietary and gave her resources do that she did not go home confused or with misinformation. Very interesting. Written resources may work better for some people, as she likely didn't understand what they had already told her. AR

Week 10- NA

Week 11- NA

Week 12- An ethical or legal issue I observed was with one of my patients. She lives with her daughters who help take care of her due to her macular degeneration in both eyes. They want her to be as independent as possible which is a good thing but when she struggled with some of her necessities that needed to be done. She could not see where her food was, making it very difficult for her to eat without help. She also struggled in the bathroom finding where the toilet and toilet paper were. Although independence is a good thing, too much can put her safety at risk as well as her health.

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc). (Interpreting)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

Comments:

Week 4 (5c)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. AR

Week 5(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient’s during clinical. CB

Week 6(5a,b): Paige, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Keep up all your hard work! CB

Week 7- 5a,b- You performed well in the clinical setting this week, Paige. Your care, documentation, and medication administration were well done and timely. Although you may have felt overwhelmed the first day, you already felt much more comfortable the second day and it showed. Wherever you choose to work. You will do great! You were also able to observe several bedside procedures this week, including an intubation, a thoracentesis, and an EGD with variceal banding. 5c- Nice job discussing steps you took to create a culture of safety for your patient this week. 5e- You chose an EBP article pertinent to your patient his week and summarized it well. Proper oral care is very important foe intubated patients as they cannot do it for themselves. BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
d. Deliver effective and concise hand-off reports. (Responding) *	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	NA	NA	NA	S	S	S	NA	NA	S	NA	NA	NA	S					
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

***When completing 4T Hand-Off Report see 4T Hand- Off Competency Rubric**

Comments:

Week 2 (6f)- Satisfactory discussion via CDG posting related to your Special Procedures clinical experience. Keep up the great work. AR

Week 4 (6c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. (6f)- Satisfactory CDG postings related to Infusion Center, Cardiac Diagnostics, and Quality Assurance/Core Measures. Keep up the good work. AR

Week 5(6d,e): Great job this week giving hand-off report to the bedside RN. You also did a great job with documentation for your patient, being thorough and timely. Great job on your cdg this week, completing your care map Satisfactorily. CB

Week 6(6a,b,c,f): Great job this week collaborating and communicating with peers and bedside nurses to achieve optimal patient outcomes. Great job in debriefing discussing education that your patient would need prior to discharge. Good job with your documentation this week, it was very thorough and completed on time.

Excellent job on your cdg, meeting all requirements. CB

Week 7- 6d- You did a great job on your hand-off report this week during debriefing. BS

*End-of- Program Student Learning Outcomes

Week 9 (6c,f)- Satisfactory CDG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinicals. Keep up the good work. AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	NA	S	S	S	S	NA	NA	S	S	NA	NA	S					
Faculty Initials	AR	AR	AR	CB	CB	BS	BS	BS	BS	AR	AR	AR						

Comments:

Week 4 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

Week 5(7d): Paige, you did an excellent job this week having an ACE attitude while caring for your patient. CB

Week 6(7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Week 7- 7a,b- Great job researching and summarizing an EBP article that was pertinent to your patient’s care. Week 7- 7d- A great ACE attitude was observed continuously on the clinical floor. BS

Great work this first half of the semester, Paige! Keep it up, almost there! BS

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Paige Knupke		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week: 2/4-5/2025							
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 noticing abnormal assessment findings, labs, and diagnostic testing for your patient. My only suggestion for this portion of your care map is that you include incontinence as an abnormal assessment finding.
	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	All nursing priorities related to your patient were listed, good job! You did a great job correlating all of your abnormal assessments to your priority problem of ineffective tissue perfusion. My only suggestion is highlighting back pain, because although your patient stated they have chronic back pain, back pain can be related to signs of a MI. Good job listing potential complications of your priority problem including signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Respo	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing all relevant nursing interventions related to your patient's priority problem.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of- Program Student Learning Outcomes

nding	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You included a frequency and rationale for each intervention, ensuring that they were prioritized and realistic for your patient.
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	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	Good job reflecting on abnormal assessment findings. I agree that continuing the plan of care is appropriate for your patient.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: **Paige, excellent job on your care map! Keep up all of your hard work. CB**

Total Points: 45/45

Faculty/Teaching Assistant Initials: CB

Care Map Evaluation Tool**
AMSN

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
2/4-5/2025	Ineffective Tissue Perfusion	S/CB	NA

2025

** AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback. **Students that are not satisfactory after these 2 attempts will be required to meet with course faculty for remediation.**

Comments: Great job on your care map. Keep up all of your hard work! CB

Pathophysiology Grading Rubric
 Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing
 2025

Student Name: Paige Knupke	Clinical Date: 2/11/2025
1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) <ul style="list-style-type: none"> • Current Diagnosis (2)2 • Past Medical History (2)2 	Total Points: 4 Comments: Great job discussing your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6)6 	Total Points: 6 Comments: Excellent job! Pathophysiology is detailed and accurate.
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) <ul style="list-style-type: none"> • All patient's signs and symptoms included (2)2 • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2)2 • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)2 	Total Points: 6 Comments: All patient's signs and symptoms included with detailed explanation of correlation to current diagnosis. Great job discussing the signs and symptoms that are typically expected with a patient who is diagnosed with this disease.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) <ul style="list-style-type: none"> • All patient's relevant lab result values included (3)3 • Rationale provided for each lab test performed (3)3 • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3)3 • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)3 	Total Points: 12 Comments: Excellent job, Paige! All relevant labs were included with rationales. Normal lab values were included and an explanation of how each lab correlates to the patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3)3 	Total Points: 12 Comments: Excellent job! All relevant diagnostic test was included with rationales. Normal findings were included and an explanation of how each test correlates

<ul style="list-style-type: none"> Rationale provided for each diagnostic test performed (3) 3 Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) 3 Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 3 	to the patient's diagnosis.
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p> <ul style="list-style-type: none"> All related medications included (3) 3 Rationale provided for the use of each medication (3) 3 Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 3 	<p>Total Points: 9</p> <p>Comments: Great job including all medications, all information is detailed and accurate.</p>
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> All pertinent past medical history included (2) 2 Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 2 	<p>Total Points: 4</p> <p>Comments: Great job correlating the patient's past medical history with current diagnosis.</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> All nursing interventions provided for patient prioritized and rationales provided (6) 6 	<p>Total Points: 6</p> <p>Comments: All pertinent nursing interventions are prioritized and you provided detailed rationales.</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> Identifies all interdisciplinary team members currently involved in the care of the patient (2) 2 Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) 2 Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 2 	<p>Total Points: 6</p> <p>Comments: Great job identifying additional interdisciplinary team members that should be included to ensure positive outcomes for your patient.</p>
<p>Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present</p>	<p>Total Points: 65/65</p> <p>Comments: Excellent job, Paige! Your pathophysiology was very detailed, thorough and well done. Keep up all your hard work! CB</p>

condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	
*End-of-Program Student Learning Outcomes	

Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: P. Knupke

Date: 2/19/2025

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory
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CRITERIA

	Meets Expectations 5	Needs Improvement 3	Does Not Meet Expectations 0	POINTS
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
Communication	Communicates and prioritizes any outstanding patient issues and the	Communicates all information but is slightly disorganized in	Overall communication of hand-off report needs improvement.	5

*End-of- Program Student Learning Outcomes

Prioritization (1,4,5,6)*	plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	presentation.	Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	30/30

Faculty Comments: Great job on your hand-off report, Paige! BS

Faculty Signature: Brian Seitz MSN, RN, CNE **Date:** 2/19/2025

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2025
Simulation Evaluations

<u>Simulation Evaluation</u>								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric) (1, 2, 3, 5, 6, 7)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric) (1, 2, 3, 4, 5, 6, 7)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	Date: 2/14/2025	Date: 2/24-25/2025	Date: 2/28/2025	Date: 3/14/2025	Date: 3/21/2025	Date: 3/27/2025	Date: 4/7/2025	Date: 4/7/2025
Evaluation	S	S	S	S	S	S		
Faculty Initials	CB	BS	BS	AR	AR	AR		
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA		

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Kailee Felder, Joshua Hernandez, Paige Knupke, Hannah Castro

GROUP #: 6

SCENARIO: Week 8 Simulation

OBSERVATION DATE/TIME(S): February 25, 2025 1000-1200

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices patient's heart rate is 48. Notices patient's SpO2 is decreased at 91% on RA. Noticed patient's complaints of being "sleepy" and nauseous. Noticed patient's EKG changes on the monitor.</p> <p>Notices patient's heart rate of 160. Notices patient is dizzy after diltiazem is administered and blood pressure is decreased. Notices patient's heart rhythm does not change after diltiazem is administered. Notices patient has gone into fluid overload after administration of fluid bolus.</p> <p>Notices patient is unresponsive.</p>
<p>INTERPRETING: (1,2)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes performing a full head to toe assessment rather than a focused cardiovascular assessment. Interprets patient's heart rhythm as sinus bradycardia. Recognizes the need for medication to treat patient's decreased heart rate. Interprets patient's heart rhythm initially as a 3rd degree heart block, later determined to be a 2nd degree heart block type 2. Recognizes the need for a transcutaneous pacemaker.</p> <p>Interprets patient's heart rhythm as atrial fibrillation. Prioritizes the need for medication to decrease the patient's heart rate. Interprets accurate dose of diltiazem dose as 25mg bolus over 15 mins, then continuous diltiazem drip at 10mg/hr. Recognizes the need for fluids to increase patient's blood pressure. Interprets patient's lung sounds as crackles.</p> <p>Interprets patient's heart rhythm as ventricular tachycardia. Interprets correct medications for treatment.</p>
<p>RESPONDING: (1,2,3,5,6,7)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ 						<p>Introduces self and role, identifies the patient. Obtains vital signs (99.8-48-22-105/59 SpO2 91% on RA) and places patient on the monitor. Performs head to toe assessment. Calls healthcare provider and gives SBAR. Recommends Atropine 0.5mg to increase heart rate. Places patient on 2L of oxygen via nasal cannula. Verifies patient's allergies and administers Atropine 1 mg IVP. Increases oxygen to 3L via nasal cannula. Reassesses</p>

*End-of- Program Student Learning Outcomes

<p>Flexibility: E A D B</p> <p>• Being Skillful: E A D B</p> <p>B</p>	<p>patient and obtains vital signs (HR 43, b/p 87/50). Calls healthcare provider and gives update. Recommends epinephrine 1mg IVP to treat decreased heart rate rather than an epinephrine gtt. Recommends a dopamine gtt and transcutaneous pacing.</p> <p>Introduces self and identifies patient. Obtains vital signs (99.0-160-22-96/58 SpO2 91% on RA) and places patient on the monitor. Places patient on 2L of oxygen via nasal cannula. Calls healthcare provider and gives SBAR, recommends a calcium channel blocker (diltiazem). Communicates well and educates the patient. Administers diltiazem. Reassesses patient and obtains vital signs (HR 163, b/p 88/51. Calls healthcare provider and provides update, recommends a fluid bolus to increase blood pressure. Administers fluid bolus. Reassesses patient and stops IV fluid bolus due to assessment findings (cough, SOB, crackles). Calls healthcare provider and gives update. Recommends cardioversion.</p> <p>Introduces self and attempts to identify patient. Calls a code blue. Begins CPR and bagging after a delay. Administers epinephrine 1 mg IVP. Delay in applying fast patches and defibrillating.</p>
<p>REFLECTING: (1,2,5)*</p> <p>• Evaluation/Self-Analysis: E A D B</p> <p>• Commitment to Improvement: E A D B</p>	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork!</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication!</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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 most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning</p>

*End-of- Program Student Learning Outcomes

<p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* 	<p>interventions; occasionally does not pursue important leads.</p> <p>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.</p> <p>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 but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>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.</p> <p>Satisfactory completion of the simulation scenario. Great job! BS</p>
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Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders/SBAR (1,2,3,4,5,6)*	Prioritization/Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Hand-off report/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/7/2025	Date: 1/7/2025	Date: 1/7/2025	Date: 1/7/2025	Date: 1/9/2025	Date: 1/9/2025	Date: 1/10/2025	Date: 1/10/2025	Date: 1/10/2025	Date: 1/10/2025
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	BS	CB	AR	FB/BS/CB	AR	CB	BS/DW	BS	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! CB

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/CB/BS

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change/Ports/Blood Draw: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! DW/BS

*End-of- Program Student Learning Outcomes

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BS

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025**

**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:

ar 11/15/2024