EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Tommy Dendinger

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty eSignature:

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

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/Teaching Assistant'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).										S	S					
b. Identify cultural factors that influence healthcare (Noticing).										S	S					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).							S	NA	S	S	S					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).							S	NA	S	S	S					
Faculty/TA Initials		NS					BL	CB	CB	SA						
Clinical Location; Patient age**		Meditech Orientation					3T, 78	NA	N/A	3T, 64	3T, 79					

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

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

Comments:

Week 7-1(c,d) Great job this week showing respect for your patient's individual preferences, values, and needs while providing care. In your CDG, you did a nice job identifying your patient's abnormal assessment findings and priority concerns. This demonstrates the early development of clinical judgment, which is essential for safe and effective nursing practice. BL

Week 9 (1c,d)- You reported that your client was not in need of anything, but you were able to assist the PCT's with hygiene care later that morning. SA

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).							NI	NA	NI	S	S					
b. Use correct technique for vital sign measurement (Responding).							S	NA	S	S	S					
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).										S	S					
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	S					
e. Collect the nutritional data of assigned patient (Noticing).										S	S					
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).										NA	NA					
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										NI	NI					
Faculty/TA Initials		NS					BL	**CB**	CB	SA						

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

Comments:

Week 7-2(a,b) Great job demonstrating correct technique for obtaining vital signs on your patient. You successfully completed the head to toe assessment and demonstrated that you understand the techniques of inspection, palpation, and auscultation. While you were able to perform all the steps, it will be important to work on efficiency and

confidence to help your assessments flow more smoothly and feel more natural. It’s completely normal to feel nervous during your first assessments on an actual patient. With continued practice and experience, you’ll become more efficient, and your skills will eventually become second nature. Stay positive and believe in yourself, knowledge, and ability. Self-awareness is an important part of learning, and I commend you for recognizing the need for improvement. BL
Week 9 (2a-e,g)- Throughout the shift your patient preferred to be left alone to sleep however you were able to communicate with him in order to complete all of your assessments. You did a nice job completing a thorough head to toe, fall/safety, and skin assessment on your patient. If you are having trouble with any part of your assessment, do no hesitate to ask your instructor for clarification, we never want to ignore an area just because we are unsure. SA

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 7-3(c,e) It's understandable to feel anxious when communication barriers arise, especially early in your clinical experiences. This week, your nerves affected your confidence and made it more difficult for you to communicate effectively with your patient. With more practice and exposure, you'll gain confidence in adapting your communication style to meet each patient's needs. BL

Week 9 (3a-f)- You did a nice job receiving report from the previous shift and updating the nurse at the end of your shift. Remember if you are having trouble getting the client to cooperate always ask for assistance so that duties of assessing and hygiene care can be provided appropriately. SA

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

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

Comments:

Week 2- 4(c,d) Great job listening attentively and actively participating in the Meditech orientation clinical. You demonstrated beginning competence in accessing a patient's EHR, documenting care in an intervention, and locating patient data. You were able to access Lexicomp and locate patient education materials, as well as find nursing policies and procedures on the health system intranet. Great job! NS/CB/BL

Week 7- 4(a) Excellent job with your documentation this week in clinical. Your documentation for both your vital signs and head to toe assessment were thorough and accurate. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. You provided a nice description of how you utilized the patient's vital signs data to look for trends and identify any changes. 4(f) Satisfactory completion of your CDG this week. Keep up all your great work! BL

Week 9 (4a-f)- Nice job on your CDG initial post and response this week, you met all of the requirements within the rubric. You stated your client's priority problem was pain, it sounds like pain was a big concern for this patient as well based on all of the factors you discussed within your post. Nice job putting all of those items together. If you need guidance on locating information on your client, do not hesitate to ask your instructor or the primary nurse! SA

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

Faculty/TA Initials		**NS**					BL	**CB**	**CB**	**SA**						

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

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

Comments: The location of the fire extinguisher was by the front desk by the elevators, fire pull station was by room 3037 Great job! BL

Week 7-5(d,e) You demonstrated nice effort and attention to detail while completing tasks, showing that you had prepared for the experience. However, your nerves seemed to greatly affect your pace, which made it difficult to complete tasks efficiently. As you gain more confidence and experience with clinical routines, your time management will continue to improve. Focus on staying calm, planning your care before entering the room, and prioritizing tasks—these strategies will help you work more smoothly and safely in future clinicals. BL

Week 9 (5d,e,f)- You were able to manage your time in order to provide all of the necessary care for your patient. When it was time for the bag bath you assisted the PCT's with getting the client cleaned up. Since you have limited experience in providing this care it can be overwhelming, but we cannot omit this duty as hygiene is a huge part of the client's overall well-being. Be sure to ask for guidance if unsure how to get started. SA

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).										NI	S					
Faculty/TA Initials		NS							CB	SA						

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

Comments:

Week 9 (6a)- You did a nice job utilizing clinical judgement skills based on your patient's priority problem and then identifying interventions specific to the patient and developing the plan of care. Clinical judgement will improve as you continue to learn in lecture! SA

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

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

Comments:

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)							~~NI~~ S	NA	S	S	S					
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)							NI	NA	NI	NI	S					
c. Incorporate instructor feedback for improvement and growth (Reflecting).							S	NA	S	S	S					
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).							S	NA	S	S	S					
e. 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					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).							S	NA	S	S	S					
g. Comply with patient's Bill of Rights (Responding).							S	NA	S	S	S					
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).							S	NA	S	S	S					
i. Actively engage in self-reflection. (Reflecting)							S	NA	S	S	S					
Faculty/TA Initials		NS					BL	**CB**	CB	SA						

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

**** 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.**

Comments: A: An area of strength I had was with communication with the patient. You made a good effort attempting to communicate with your patient; however, there is room for growth in building confidence and adapting your communication to meet the patient's specific needs. Working on strategies such as speaking clearly, using visual cues, and confirming understanding will help you become more effective and adaptable in patient interactions. With continued practice and experience, your communication skills will strengthen significantly—keep focusing on these areas as you move forward. BL **B: An area of weakness I felt like I had was with performing**

the head to toe assessment, I felt that it could've been performed more fluently and not take as much time to perform. It's great that you recognized an area for growth and are reflecting on how to make your head to toe assessment more smooth and efficient. Your nerves during your first attempt are completely normal, and understandably they interfered with your speed and confidence. The fact that you completed it carefully shows a solid understanding of the steps, and with continued practice, your confidence and efficiency will improve. Keep practicing and building on your foundation! BL

Week 7-8(b) A friendly reminder moving forward, be sure to provide a detailed plan for improvement (see example above) for your area of self-growth. 8(i) You did a wonderful job reflecting on your first clinical experience in your CDG this week. You provided a nice description of your thoughts and feelings before and after the experience. Keep up all your hard work! BL

A: An area of strength I had this week was performing the head to toe assessment more fluently and completing it without any delays. It will become easier the more clinical time you have, begin working on time management in order to get to the next interventions as well as medication administration, nice job! SA
B: An area for self-growth is when I am checking for lung sounds, it took me a little longer to find them this week and I think that I could do it better. My plan for improvement is to practice checking lung sounds on at least 3 of my family members or friends before my next clinical. Communication is key during these experiences, ask your primary nurse or instructor for assistance. Not only with the staff but your client as well. Much can be discovered when you keep communicating with your client. SA

A: An area of strength I had this week was with removing my patients' foley catheter. When doing this skill for checkoffs it seemed like it would be a more difficult thing to do, but when I had to do it on a real patient it was more easier than I thought it would be.

B: An area for self-growth is with finding pulses. My patient this week had pulses that were weaker which made them harder to find. I would like to practice finding different pulses like dorsalis pedis or radial to be able to find pulses easier if they were to be weaker. My plan for improvement is to practice checking pulses on at least 3 friends or family members before my next clinical.

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

Note: Students are required to submit one satisfactory care map by 11/17/2025 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 11/24/2025 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:				**Course Objective:**			
Date or Clinical Week:							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if 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:

Total Points:

Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Nursing Foundations 2025
Simulation Evaluations

Student Name:					
Performance Codes: **S**: Satisfactory **U**: Unsatisfactory			**Evaluation** *(Refer to LCJR)	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: 11/4/25 or 11/11/25	Simulation #1 (2,3,5,8) *	Scenario			
		Survey			
Date: 11/24/25 or 11/25/25	Simulation #2 (2,3,5,7,8) *	Scenario			
		Survey			

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 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: _____