EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

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. Faculty and teaching assistants will complete a cumulative evaluation of each competency at the midterm and final. 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)
1/21/2026	8	Missed 4C Clinical (weather)	4/8/2026
1/23/2026	1H	Missing Quality Assurance/Core Measures Assignment	1/29/2026-1H

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: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	S	S	S	S	S	S	S	N/A										
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	S	S	S	~~N/A~~ S	S	S	S	N/A										
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	S	S	S	S	S	S	S	N/A										
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	N/A	S	~~N/A~~ S	S	S	N/A	S	N/A										
e. Administer medications observing the seven rights of medication administration. **(Responding)**	S	S	S	N/A	N/A	N/A	N/A	N/A										
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	N/A	N/A	N/A	N/A	N/A	S	S	N/A										
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	S	S	S	N/A	S	S	S	N/A										
Faculty Initials	BL	BS	CB	AR	AR	AR												
Clinical Location	4P 90 yr old Male	4C 82 yr old Female	4C 79 yr old Male	Cardiac Diagnostics	Infusion Center	Special Procedures	SIM Lab	DH & ICU										

Comments:

Week 2-1(a-c,e,g) This week, you demonstrated clinical competence in effectively managing care for a complex patient. Your head-to-toe assessments were thorough, timely, and appropriately tailored to the patient's individual needs. Medication administration (via numerous routes) was conducted safely and accurately, adhering to all rights of medication administration. Your attentiveness in closely monitoring your patient on 4P significantly contributed to promoting positive patient outcomes. Overall, excellent work! BL

*End-of- Program Student Learning Outcomes

Week 3- 1a-e, g- You did a nice job this week caring for your patient(s), having been prepared and organized. Assessments were thorough and well done, and documented appropriately. You administered medications appropriately while observing the seven rights of medication administration. You had the opportunity to DC one of your patients' IVs. Nice work! BS
Week 4(1a-e,g): Great job this week managing complex patient care situations. Your care was very organized, and your head to toes assessments were very thorough and well done. Medication passes were safely done following all rights of medication administration. Practice was gained through observation and one on one discussion about your patients' cardiac rhythm. Great job monitoring your patient closely to ensure positive patient outcomes. CB

Week 5 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. Student was very willing to help with EKG's and asked very good questions. Very outgoing as well." Great job! AR

Week 6 (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas. She got to witness me accessing a port, administer Remicade, Iron and fluids. She could strike up a convo with anyone. She will be an amazing nurse." Great job. AR

Week 7 (1b,c,f)- Satisfactory during Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory with appropriate use of communication skills and demonstrates safe completion of nursing skills. Excellent in all other areas. Observed bone marrow biopsy, paracentesis and leg angioplasty. Had many successful IV starts. Keep practicing dexterity." Good job! 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: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	N/A	S	S	N/A										
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	S	S	S	S	S	S	S	N/A										
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	S	S	S	N/A	N/A	N/A	S	N/A										

*End-of- Program Student Learning Outcomes

d.	Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	~~N/A~~ S	S	S	N/A	N/A	S	S	N/A										
e.	Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	S	S	S	S	S	S	S	N/A										
f.	Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** **(Noticing, Interpreting, Responding, Reflecting)**	S	S	S	S	S	S	S	N/A										
	Faculty Initials	BL	BS	CB	AR	AR	AR												

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

**Objective 2f: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

Wk 2.2f. Factors associated with SDOH that have the potential to influence patient care would be the fact that the patient has a very close loving family that works in the health care field, with daughters being nurses. The patient is 90 years old and still rode a bike for 12 miles a day until this fall, on the 9th. The patient's daughters were very strong advocates for this patient. Something has influenced this patient because I do not believe I have ever heard of a 90-year-old being that active. While the patient was in the hospital, the daughters were very much on top of the patient's care to ensure there were no issues for this patient to go back to his home and still have his independence. Great job recognizing how strong family support and health literacy serve as positive social determinants of health for this patient. These factors, along with the patient's lifelong activity level, likely contributed to his resilience, advocacy, and ability to maintain independence despite advanced age. BL

Week 2-2(d) This competency was rated as satisfactory for this week. While a formal Care Map was not completed, you demonstrated the ability to guide patient care using an established plan of care and sound clinical judgment. BL

Wk 3. 2f: A factor associated with SDOH that had an influence on patient care for our patient this week was the fact that our patient was a smoker. There was no exact determination whether the patient has COPD or not due to her past of smoking, but it definitely can lead to the respiratory failure that an aging patient would have after years of being a smoker. After all, chronic/acute health issues due affect every patient differently and this could be a case where the smoking contributed to the patient's current condition. Yes, unfortunately for many, sooner or later the cumulative effects of smoking cause problems like your patient was experiencing. BS

Week 3- 2a-f - You were able to correlate the relationships among your patients' disease processes, history and symptoms, and present condition utilizing your clinical judgment skills, and utilize that information to complete your pathophysiology CDG satisfactorily. You also did a nice job providing a prioritized list of nursing interventions for your patient. BS

Wk4, 2f: A factor for SDOH that I feel had an influence on the care for my patient was that the patient mentioned early on about his time in Vietnam. This made me aware that he was a Veteran, and I have a soft spot for any and all Veterans (especially with losing my brother this past year and losing my Uncle on January 5. These soldiers have a very strong sense of values and structure. Although my patient was very chatty and liked to carry on as long of a conversation as we would let him, I recognized that he took great pride in his hygiene and was so appreciative of me making sure he was washed up. He stated how great it made him feel. I think that at times medical staff get so busy, or have life on their minds that they forget the little things (not that this is little, but when it is not ourselves, sometimes it gets pushed to

the side I have seen with others). It is so very important to recognize your patient for who they are and what is important to them just by listening to what they are saying. Great job recognizing how a person's background influences their lifestyle. I also have a soft spot for veterans! CB
Week 4(2d,e): Great job utilizing your clinical judgement skills to formulate a prioritized plan of care for your patient this week. Please refer to the Care Map Rubric for my feedback. You did a great job respecting your patient and family while providing patient centered care. CB
Wk 5, 2f: A factor for SDOH that I noticed that had an influence on one of the patients on cardiac diagnostics this week was a female patient have a cardiac cath performed was a retired nurse. It was discussed amongst the HCPs that she knew her medical history inside and out and could tell you anything you needed to know about it, but the one thing she could not help was her family history. Patient had a lengthy cardiac history that has been monitored for decades; from a mid-single vessel CABG (LIMA) to HTN & HLD. She just could not escape the family history. This pt is only 69 and she has had left and right hip arthroplasty, rt breast lumpectomy, squamous cell carcinoma, appendectomy, TAH-BSO, adjacent segment disease cervical spine C6-C7 level fusion procedure, a large allergy list, and home meds are extensive and is a diabetic. It does not matter what your field of work is and know what to do to take care of yourself if you have a family history that you can't escape from. I know this is not all due to family history, but it can explain some of it. As you discussed, we cannot change our family history. This is where education is so important. Even though this patient understood her health issues and family history, documentation is so important. Good example. AR
Wk 6, 2f: A factor for SDOH that I noticed to have an influence on the patients at infusion center this week was medical knowledge. These patients knew a lot about what was going on with their bodies and how certain things may affect them. Most patients typically do not have a clue about why they are receiving medications or IV treatments, but due to their history, whether it be the 28 yr old girl receiving fluids because of her POTS, the 44 yr old woman receiving a Remicade infusion, the 75 yr old man having his dressings changed because he has two nephrostomies because he had bladder CA and has had at least one of them 15+ years, to the many men & women that came in for iron infusions. They knew a lot about their health issues that many do not take the time to research, but due to the many treatments/dressing & tube changes they could tell me why they received what they received. This is a SDOH due to their history with diseases. Just goes to show you that they were well educated by their nurses and they listened to and understood what they were being told. Great example about medication education and patient's ability to understand. AR
Wk 7, 2f: A factor of SDOH I noticed to have an influence on a patient at special procedures this week was a 43-year-old male that was in stage 4 liver disease. There was around 6000 mL of fluid pulled off his abdomen this week. He comes in weekly for this and he lead me to believe that because he was a welder right out of high school and made significant amounts of money that maybe he partied a bit much when he was younger. I did not see his chart, but I can come to the conclusion his partying was probably the source of his disease. This is a SDOH that having money and the capability of overindulging became the cause of his disease. This is a great example. Possibly lack of education and knowledge related to self-management. AR
Wk 8, 2f: A factor of SDOH I noticed during my clinical this week was a young man in his late 30's getting a colonoscopy was so nervous getting his IV inserted for his propofol he was going to get to give him the "twilight" he needed for the procedure. This man was absolutely terrified of receiving an IV that he shook when he was even toughed because he was so afraid of the needle. While speaking with his mom about his fear (she brought it up not me) while I was removing his IV after the procedure and he was awake so long, his mother told me that it ran in the family that several members on his father's side had the same fear. He literally passed out while Zach was inserting the IV cath. I had never saw that before. It was quite an interesting case of someone just not listening while we were trying to educate him to breathe in through his nose and out through his mouth. He would jump, jerk, hold his breath, everything we were telling him to try not to do. Due to his jumping, he blew his vein. Just someone not educated because he would not listen.

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: a. Critique communication barriers among team members. **(Interpreting)**	~~N/A~~ S	S	S	S	S	S	S	N/A										
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~N/A~~ S	S	S	S	S	S	S	N/A										

*End-of- Program Student Learning Outcomes

c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	S	N/A	S	S	S	N/A	S	N/A										
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	S	S	S	S	S	S	S	N/A										
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	N/A	N/A	S	N/A	S	~~S~~ NA	N/A	N/A										
Faculty Initials	BL	BS	CB	AR	AR	AR												

Comments:

Week 2-3(a,b) These competencies were rated as satisfactory for this week because you actively participated in debriefing in which the topic of communication barriers among team members, patients, and family are commonly discussed. Additionally, you contributed to meeting core measure standards related to your patient's diagnosis of Pneumonia. 3(c) Great job this week demonstrating fiscal responsibility in your clinical practice. It's important to make thoughtful, cost-conscious decisions that support high-quality patient care. These are essential skills as you transition into professional practice. BL

Week 3- 5a,b,d- Great performance in the clinical setting this week, both with patient care and documentation. Hand hygiene observed at all times when entering and exiting patient rooms. 5c- You did a nice job describing ways to create a culture of safety in the hospital setting. BS

Week 4(3b,c): Great job in completing the Quality Assurance/Core Measures assignment. You also did an excellent job being fiscally responsible by scanning the saline flushes each time one was used by your patient. We discussed how this is missed so often and costly for the hospital. CB

Week 6 (3c)- Satisfactory discussion via CDG posting related to fiscal responsibility in the Infusion Center. 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: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	S	S	S	S	S	S	S	N/A										

*End-of- Program Student Learning Outcomes

b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	S	S	S	N/A	S	S	S	N/A										
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	S	S	S	~~S~~ NI	S	S	S	N/A										
Faculty Initials	BL	**BS**	**CB**	**AR**	**AR**	**AR**												

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

Comments:

Wk.2,4a: An example of a legal or ethical issue observed in the clinical setting would be when I arrived to clinical and received the patient I was going to take care of, I was going through my charting on the patient being on fall precautions due to multiple falls at home. One of the necessary precautions that is supposed to be displayed for a patient on fall precautions is that it must be displayed outside the patient's room on the pull-out sign. I saw them pulled out o**n** the other rooms as I walked by them. I unfortunately assumed it was pulled out on my patient's room because I did look in the patient's room and saw it displayed above the patient's bed, in the bathroom, and the patient was wearing the fall precaution wrist band. When I slowed down and forced myself to pay attention, I saw that it was not displayed on the sign outside my patient's room. I pulled out the fall precaution tab and tried to close it and it would not stay closed and kept falling. I did end up taping the sign to keep it up. Not displaying this is an ethical and a legal issue because it violates hospital protocol. This would be malpractice if for any reason the patient were to get injured because this was not displayed outside the room. Great job recognizing a safety issue that could have resulted in a legal concern had the patient experienced a fall with injury. As a nurse, it is essential to consistently follow all hospital policies and procedures. Doing so ensures the delivery of high-quality, safe patient care and helps protect the nurse from potential legal action should a sentinel event occur. BL

Week 2-4(b) You demonstrated excellent communication and interpersonal skills this week by actively engaging your patient and his family in decision-making processes. Your ability to listen empathetically, provide clear information, and respect individual values supported patient autonomy and fostered trust. Keep up the great work! BL

Wk 3, 4a: An example of a legal or ethical issue observed in the clinical setting was that an adult child of the patient not necessarily being aware of how some things may work in the medical field. Our patient's daughter may have not been fully educated about the fact that the pulmonologist makes it a practice to educate his resident students and other, such as us nursing, students while doing procedures. Due to this fact, there was a situation that occurred where the daughter became very upset when the doctor began describing the anatomy of the patient's lungs as he was performing the bronchoscopy. Yes, the doctor probably should have asked the daughter if it was alright with her if he described the procedure as he was working on her mother, and because he did not do that the daughter felt blind-sided by the doctor doing this. It probably has never been an issue for Dr Avendano in the past. This definitely could turn into a legal or ethical issue. We just all need to be more aware and conscious of what others may feel or think about our actions. Yes, that was an unfortunate situation. Most times, family members are asked to wait in the waiting room, which could have prevented this situation. BS

Wk 4, 4a: An example of a legal and ethical issue observed in the clinical setting was that the patient had tubes, cords, equipment everywhere. This was an accident waiting to happen which makes this a legal and ethical issue. Every time I had something to do with the patient I tried cleaning the situation up because I was concerned with tripping on something, let alone if an emergency occurred with the patient. There is no time in emergent situations to move cords or be concerned with cords, but they can be a trip hazard if not careful. My patient last week was on a vent, and I don't believe things were set up that way. I do not ever remember feeling like cords etc were in a dangerous position as this week. Great example of something that could potentially become a legal and ethical issue. CB

Week 4(4b): Excellent job this week engaging with your patient and family. I know that your patient was very chatty, but you were very patient and he truly seemed to enjoy the company you were able to give him. CB

Wk 5, 4a: An example of a legal and ethical issue observed in the clinical setting was the RN that is in the room with the Interventionalist and the assistant (not sure if she was a doctor) was not sterile and the other two were. I know they have been performing this for many years and know what works, but being in a sterile environment and going in through the patient's radial artery or even the femoral artery I would think could pose an issue in an emergent situation. I guess I think of it as anything can go wrong with a patient and you never know when it could be something where the nurse needs to step in and sterility may be necessary. I thoroughly

enjoyed watching the entire procedure though. They are a class act for sure. Good example. Was the RN in the room the "circulating nurse"? If so, that person is considered clean but does not put on sterile glove, gown, etc. because they are the one who will retrieve equipment, open items, etc. as needed. (4c)- You have received a "needs improvement" for this competency because you did not give the correct evaluation form to the RN preceptor in Cardiac Diagnostics. Instead, you gave the Patient Management evaluation form. In the future, it is important that you give the correct form to the RN you are working with.AR

Wk 6, 4a: An example of a legal and ethical issue observed in the clinical setting was understanding how expensive the medications that we were handling & how important it was to not order the medications from the pharmacy until the patient was there and assessed. With some of the medications a patient could not be on antibiotics or sick, especially with a fever in the last few days, in order to receive the injection or meds. The injection or medication would not have been effective for treatment due to this. There was a woman that came in and this was her second time she had ever come to the infusion center; she was turned away the last time due to being on antibiotics because she was sick and returned only to find out she was just put on another round of antibiotics. I imagine if the nurse just went ahead and did the procedure because the patient was upset there would be legal ramifications from that. These meds are upwards of $8,000-$10,000 and more. Someone would get in trouble if they were administered with the patient being sick. Very true. The cost of many medications given in the Infusion Center is staggering! AR

Wk 7, 4a: An example of a legal and/or ethical issue observed in the clinical setting was at the end of the angio with the 83-year-old man the vascular surgeon had left and the nurses were all that were in the OR/cath lab. One of the nurses was holding the patient's puncture site trying to prevent hematoma. The site had hard spots around it. At this point, the patient was fully alert and oriented and could hear everything going on. The nurses were talking about the surgeon and mistakes that occurred or differences in procedure from previous times and how the doctor was treating them etc. It was not my business, and I did not get involved and no judgement here, but the problem I found was that the patient was able to hear it all. I can't imagine how that made him feel hearing possible mistakes/procedure issues during his procedure. Just an example how we need to be aware of the patient being there and hearing what is being said. This is very disturbing. All healthcare personnel must make sure no discussions such as this are held within the vicinity of patients or visitors. Thank you for recognizing this as a problem! AR

Wk 8, 4a: An example of a legal and/or ethical issue observed in the clinical setting was a 63-year-old female patient in the ICU that came in the ER the night before from a drug OD. This patient was with a friend at the friend's house, and he walked out of the room and came back into our patient being slumped over and unresponsive. This was due to the cocaine probably laced with fentanyl that caused the patient to OD. There are so many ethical issues with using illegal drugs that I do not even have to go into because we all unfortunately just know due to society.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	S	~~N/A~~ S	S	S	S	S	S	N/A										
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	S	S	S	S	S	S	S	N/A										
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	S	S	S	S	S	S	S	N/A										

*End-of- Program Student Learning Outcomes

d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	S	S	S	S	S	S	S	N/A											
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	S	S	S	S	S	S	S	N/A											
f. Utilize faculty, preceptor and mentor feedback to improve clinical performance. **(Responding & Reflecting)**	S	S	S	S	S	S	S	N/A											
Faculty Initials	BL	BS	CB	AR	AR	AR													

Comments:

Week 2-5(c) Great job discussing actions you took to create a culture of safety for your patient in your CDG this week. BL
Week 3- 5a,b- You performed well in the clinical setting this week. Assessments were thorough and well-documented, and you were able to observe a bronchoscopy. BS
Week 4(5b,d): Excellent job working independently and as a team, while completing interventions for your patient. Great job using standard precautions while caring for your patients this week! CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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)*N/A

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: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	S	S	S	S	S	S	S	N/A										
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	S	S	S	N/A	S	S	S	N/A										
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	S	S	S	S	S	S	S	N/A										

*End-of- Program Student Learning Outcomes

d.	Deliver effective and concise hand-off reports. **(Responding)** *	S	N/A	S	N/A	N/A	N/A	N/A	N/A											
e.	Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	S	S	S	N/A	N/A	N/A	S	N/A											
f.	Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	S	~~S~~ U	S	S	S	S	N/A	N/A											
	Faculty Initials	BL	**BS**	**CB**	**AR**	**AR**	**AR**													

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

Comments:

Week 2-6(d) Great job receiving report from the night shift RN this week. Moving forward, focus on becoming more comfortable using a standardized report sheet instead of a blank piece of paper. Using a structured tool will help improve organization, accuracy, and efficiency in communication, which are key skills in professional nursing practice. 6(e) Overall, your documentation this week was complete and accurate. As discussed in clinical, continue utilizing your resources to ensure you are documenting correctly (i.e. Meditech Guidelines, Interventions to Document sheet). Additionally, work on completing your documentation in a more timely manner so it does not fall too far behind. While patient care is always the top priority, maintaining timely documentation is also an important part of safe and effective practice. 6(f) Satisfactory completion of your CDG this week. Keep up the great work! BL

Week 3- 6a-c, e,f- You did a good job interacting with patients and other members of the healthcare team. This is an important skill in healthcare. You also did a great job documenting interventions and medication administration. Unfortunately, your CDG did not include a reference and in-text citation. Please respond below as to how you will prevent this in the future. BS

Omgosh, this is my kryptonite. I have no idea why I have a mental block when it comes to this. To be honest, I thought I did so I went and looked. I thought it was the Patho assignment not the Quality Care. Well, for me to overcome this hot mess of a nursing student I have become I will make sure in the future even if I am not sure that I will put a in-text citation and reference for everything I think there should be one for and when using sources just make sure I cite them because it is probably needed. I am sorry I overlooked this important piece of information. I will correct and resubmit now. In the future, I will write this on my calendar where I put all my assignments because otherwise, I may take a chance of forgetting. Such an important piece of information to miss. Thanks for addressing the "U" rating. CB

Week 4(6a,b,c,d,e,f): Nice job maintaining a collaborative partnerships and communication with patients, families, peers, and other healthcare team members in an attempt to achieve optimal patient outcomes. You were able to give a Satisfactory hand-off report per the 4T hand-off report grading rubric, scoring 26/30, please review my feedback below. Great job with documentation for your patient this week, being thorough and timely. Satisfactory completion of your cdg this week, keep up the hard work. CB

Week 5 (6f)- Excellent CDG posting related to your Cardiac Diagnostics clinical experience! You provided in-depth information related to the procedures you participated in, along with how they relate to cardiac function. Keep up the great work. AR

Week 6 (6c,f)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the good work! AR

Week 7 (6f)- Satisfactory CDG posting related to your Special Procedures clinical experience. Keep it up as you complete the semester! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

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: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	S	S	S	S	S	S	S	N/A										
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	S	S	S	S	S	S	S	N/A										
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	S	S	S	S	S	S	S	N/A										
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	S	S	S	S	S	S	S	N/A										
Faculty Initials	BL	BS	CB	AR	AR	AR												

Comments:

Week 2-7(a,b) You researched and summarized an interesting EBP article in your CDG titled "Interventions to Prevent Aspiration in Older Adults with Dysphagia Living in Nursing Homes: A Scoping Review." Excellent job! 7(d) Melisa, your positive attitude, strong sense of commitment, and genuine enthusiasm for nursing were evident in every interaction with your patient this week. These qualities not only enhance patient care but also contribute meaningfully to the clinical team. Keep up all your hard work! BL
Week 3- 7d- An ACE attitude was displayed at all times during the clinical experience. BS
Week 4(7d): Excellent job this week displaying a great ACE attitude during clinical. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing

Care Map Grading Rubric

Student Name: Melisa Fahey	**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: 1/28/2026		

*End-of- Program Student Learning Outcomes

	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 identifying abnormal assessment and lab/diagnostics specific for your patient. The only other lab value I would have included would be your patient's Mg considering we had to give replacement Mg the day of clinical.
	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	Good job listing nursing priorities related to your patient. The only other priority I would have included would be deficient knowledge and risk for adult falls. You included an appropriate goal statement for your patient related to your highlighted priority. 1 point was deducted because you did not highlight the related risk factors that correlated with your nursing priority problem. You included potential complications with s/sx for each, great 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**	2	
	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	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	You included interventions, but these interventions should have been broken down. Example- respiratory assessment and supplemental oxygen should be two different interventions. Administer medications should be an intervention for each medication. Prevent complications, you want to be specific with your rationale for each condition you are monitoring for.
	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	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	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**	3	

*End-of- Program Student Learning Outcomes

Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	0	For the reassessment portion of a nursing care map, you want to reassess each abnormal assessment finding in the first 2 boxes of the care map (assessment and lab/diagnostics). These need to be specific;
	15. Evaluation includes one of the following statements:	**Complete**			**Not complete**	0	

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/28/2026	Decreased Cardiac Output	S/CB	NA

• Terminate plan of care

...the RR rate now. ...valuation ... plan of care would be continued, modified or terminated.

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: **Melisa, Satisfactory completion of the nursing care map. Please review my feedback throughout this document. CB**

Total Points:
37/45

Faculty/Teaching Assistant Initials:
CB

** 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:

Student Name: M. Fahey **Clinical Date: 1/20/2026**

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** 4 **Comments:** Great job describing your patient's current diagnosis and past medical history. BS
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** 6 **Comments:** Great job describing the pathophysiology of your patient's medical diagnosis and how it relates to some of her other medical problems. BS
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:** 6 **Comments:** You did a nice job correlating your patient's diagnosis with all of her presenting signs and symptoms. Nice work!
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points: 12** **Comments:** Great job providing relevant lab values and rationales for each value. Nice job also providing their correlation to your patient's diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	**Total Points:** 12 **Comments:** All relevant diagnostic tests and results included with rationales. Explanation provided related to how the results correlate with the patient's current diagnosis. BS
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant	**Total Points:** 9 **Comments:** Nice job listing the patient's medications with appropriate rationale and correlation to the current diagnosis.BS

*End-of- Program Student Learning Outcomes

medications correlate with current diagnosis (3)	
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points:** 4 **Comments:** Great job connecting your patient's past medical history with her current diagnoses! BS
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points:** 6 **Comments:** Nice work providing a prioritized list of nursing interventions with rationales.
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (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) 0	**Total Points:** 4 **Comments:** Nice job identifying the members of the interdisciplinary team and their roles in the care of your patient.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **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)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding) *End-of-Program Student Learning Outcomes	**Total Points:** 63/65 Satisfactory. BS **Comments:** Nice work on your pathophysiology CDG, Melisa! BS

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: _____Melisa Fahey_____ **Date**: _1/28/2026_____

*End-of- Program Student Learning Outcomes

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	< 23 points = Unsatisfactory

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.	3
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	3
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 Prioritization (1,4,5,6)*	Communicates and prioritizes any outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	Communicates all information but is slightly disorganized in presentation.	Overall communication of hand-off report needs improvement. Incomplete report and/or disorganized in presentation	5
			TOTAL POINTS	

Faculty Comments: **Points were deducted for information that wasn't communicated (background story) and sometimes difficult to understand because it was unorganized. You always want to be clear and concise when giving report. Normal lab values that don't pertain to the patients diagnosis don't need to be communicated, just pertinent information that is going to give a clear picture.**

*End-of- Program Student Learning Outcomes

Faculty Signature:__Chandra Barnes, MSN, RN_____Date: _____1/28/2026_____

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2026
Simulation Evaluations

Students Name:

*End-of- Program Student Learning Outcomes

Performance Codes: **S**: Satisfactory **U**: Unsatisfactory			**Evaluation**	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: **2/13/2026**	vSim (Rachael Heidebrink) (Pharm) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	AR	NA
Date: **2/23/2026** **2/24/2026**	Week 8 Simulation (*1, 2, 3, 5, 6, 7)	Scenario			
		Survey			
Date: **2/27/2026**	vSim (Junetta Cooper) (Pharm) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: **3/13/2026**	vSim (Mary Richards) (Pharm) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: **3/20/2026**	vSim (Lloyd Bennett) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: **3/26/2026**	vSim (Kenneth Bronson) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: **4/6/2026**	vSim (Carl Shapiro) (Med-Surg) (*1, 2, 6)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: **4/6/2026**	Comprehensive Simulation (*1, 2, 3, 5, 6, 7)	Scenario			
		Survey			

* Course Objectives

Comments:

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Meditech Document (6)*	**Physician Orders/SBAR (1,5,6)***	**Prioritization/ Delegation (1,2,5,6)***	**Resuscitation (1,5,6)***	**IV Start (1,6)***	**Blood Admin./IV Pumps (1,2,6)***	**Central Line/Blood Draw/Ports (1,6)***	**Head to Toe Assessment (1,6)***	**ECG/Hand-off report/CT (1,6)***	**ECG Measurements (1.6)***
	Date: 1/6/2026	**Date: 1/6/2026**	**Date: 1/6/2026**	**Date: 1/6/2026**	**Date: 1/8/2026**	**Date: 1/8/2026**	**Date: 1/9/2026**	**Date: 1/9/2026**	**Date: 1/9/2026**	**Date: 1/9/2026**
Evaluation:	**U**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	FB	CB/BS	BL	AR	FB/CB/ BS/BL	AR	CB	BS/DW	BS	AR
Remediation: Date/Evaluation/Initials	1/8/2026 S FB	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Melisa, the first attempt in the Meditech lab was unsatisfactory related to incomplete documentation in the RN mechanical ventilation intervention. Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, vital signs, and feeding method. 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. CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You demonstrated satisfactory performance in all four lab activities, including patient prioritization, assigning tasks to the appropriate provider role (RN, LPN, and UAP), prioritizing nursing interventions, and identifying appropriate patient assignments for both the RN and LPN. You successfully prioritized care for multiple patients using established frameworks such as Maslow's hierarchy of needs, ABCs, and the nursing process. You appropriately delegated nursing tasks and actively participated in group discussions related to delegation and clinical decision-making. Great job! BL

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/BL

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

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2026

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 12/12/2025

*End-of- Program Student Learning Outcomes