

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020**

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

Student:
Semester:

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Carmen Patterson, MSN, RN; Brian Seitz, MSN, RN
Teaching Assistant: Brittany Schuster, BSN, RN

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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". 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, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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 Plan Rubric
- Skills Lab Checklists/ Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual simulation scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
FB	Frances Brennan, MSN, RN		
CP	Carmen Patterson, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN		
BSc	Brittany Schuster, BSN, RN		

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.

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NA	S	S	S	S	NA	NA									
a. Manage complex patient care situations with evidence of preparation and organization.	NA	NA	S	S	S	S	NA	NA									
b. Assess comprehensively as indicated by patient needs and circumstances.	NA	NA	S	S	S	S	NA	NA									
c. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care.	S	S	S	S	S	S	NA	NA									
d. Evaluate patient's response to nursing interventions.	S	S	S	S	S	S	NA	NA									
e. Interpret cardiac rhythm; determine rate and measurements	NA	NA	S	S	S	S	S	NA									
f. Administer medications observing the six rights of medication administration.	S	S	S	S	S	S	NA	NA									
g. Perform venipuncture skill with beginning dexterity and evidence of preparation.	S	S	S	S NA	S	NA	NA	NA									
h. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc.	NA	S	S	S	S	S	NA	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											
onClinical	DH PD	IS	ED QC	4P													

Comments:

Week 2 (1f,g)- Great job with IV skills while in Digestive Health. Keep up the great work. AR
 Week 3- Preceptor comments regarding Infusion Center clinical experience: 1-21-20 – Excellent in all areas. Preceptor comments: Helpful and engaging; good questions. (1d)- Satisfactory CDG posting related to your Infusion Center clinical experience. AR

*End-of- Program Student Learning Outcomes

Week 5-1(a,b) Kyle, you did an excellent job managing complex patient care situations with both of your assigned patients in clinical this week. I wanted to commend you for how calm you remained when your patient began complaining of feeling “funny” on Wednesday. You took action right away in assisting with getting his vitals, and comparing your previous assessment with your most current. We were able to find out by talking to the patient that it was his high sugar that was making him feel “funny,” and you took initiative in responding by administering his insulin in a timely manner. Great job! BSc

Week 5-1(f) Great job administering all your medications this week in clinical while observing the six rights of medication administration. Additionally, you did an excellent job administering your IV-Push medications as well. Keep up the hard work! BSc

Week 6- Great job providing care to a complex care patient on a ventilator and OG tube in place with tube feeding running. Excellent job with medication administration including IVP, and OG medications. FB

Week 7- 1 a,b,f- Nice job assessing and managing care for your Critical Care patient. Nice job also with medication administration. BS

Objective

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

Weeks of Course:	2	3	4	5	6	7	8	Make up	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	NA	NA	S	S	S	NA	NA									
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. CC (noticing, interpreting, responding)	NA	NA	NA	S	S	S	NA	NA									
b. Monitor for potential risks and anticipate possible early complications. CC (noticing, interpreting, responding)	NA	NA	NA	S	S	S	NA	NA									
c. Recognize changes in patient status and take appropriate action. (noticing, interpreting, responding)	NA	NA	NA	S	S	S	S	NA									
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (noticing, interpreting, responding, reflecting)	NA	NA	NA	S	S NA	NA S	NA	NA									
e. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	NA	NA	S	S	NA									
f. Incorporate the ABCDEF Standardized Bundle of interventions for assigned patient. CC (noticing, interpreting, responding)	NA	NA	NA	S NA	S	NA	NA	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											

Comments:

2d. See Care Plan Rubric at the end of this document.

2e. See Clinical Simulation Rubric at the end of this document.

Week 5-2(d) Great job formulating a prioritized nursing care plan. Please see the Care Plan Rubric at the end of this document for my feedback. BSc

*End-of- Program Student Learning Outcomes

Week 6 (2d) This competency was changed to a “NA” because you did not complete a nursing care plan this week. (2f) Kyle, Great job with ABCDEF bundle, you provided assessment detail of a thorough examination into the bundle process. The delirium portion does present difficulty when you have mental changes that are considered the patient's baseline. One thing that could have been added under progressive mobility would have been turning the patient every 2 hours. FB

Week 7- 2 a,b,c,d- Good job correlating your patient’s diagnosis with his symptoms, lab values, diagnostic tests, and medications. Nice job also of explaining the pathophysiology of his diagnosis. Nice job monitoring for potential risks and changes in condition for your patient(s) and responding appropriately. I know it’s confusing, but 2d was one of the competencies from the questions we addressed during post-conference, and you identified a priority nursing diagnosis for your patient. BS

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies: b. Critique communication barriers among team members (Preceptorship)	NA	NA	NA	NA	NA	NA	NA	NA									
b. Participate in QI, core measures, monitoring standards and documentation.	NA	NA	S	S	S	S	NA	NA									
c. Discuss strategies to achieve fiscal responsibility in clinical practice.	NA	S	S	NA	NA	NA	NA	NA									
d. Clarify roles & accountability of team members related to delegation. (Preceptorship)	NA	NA	NA	NA	NA	NA	NA	NA									
e. Determine the priority patient from assigned patient population. (Preceptorship)	NA	NA	NA	NA	NA	NA	NA	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											

Comments:

Week 3 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 4 (3b)- Satisfactory discussion via CDG posting related to your Quality Department clinical experience. Keep it up! AR

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)*

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

Comments:

Week 5-(4a) Great job actively participating and listening during our discussion in which we discussed this competency. BSc

Week 7- 4c- Professional behavior observed at all times throughout your 4C clinicals. BS

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	S	S	NA									
a. Reflect on your overall performance in the clinical area for the week.																	
b. Demonstrate initiative in seeking new learning opportunities.	S	S	S	S	S	S	NA	NA									
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc.).	S	S	S	S	S	S	NA	NA									
d. Perform Standard Precautions.	S	S	S	S	S	S	NA	NA									
e. Practice use of standardized EBP tools that support safety and quality.	NA	S	S	S	S	S	NA	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											

Comments:

Week 5-(5c,e) Great job providing examples and actively participating in discussion during post-conference. BSc

Week 7- 5 a,b- Great performance in the clinical environment. You were also able to observe placement of a chest tube. BS

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	NA	S	S	S	S	S	NA	NA									
a. Establish collaborative partnerships with patients, families, and coworkers.	NA	S	S	S	S	S	NA	NA									
b. Teach patients and families based on readiness to learn and discharge learning needs.	NA	S	S	S	NA	NA	NA	NA									
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes.	S	S	S	S	S	S	NA	NA									
d. Deliver effective and concise hand-off reports.	NA	NA	NA	S	S	S	NA	NA									
e. Document interventions and medication administration correctly in the electronic medical record.	NA	NA	NA	S	S	S	NA	NA									
f. Consistently and appropriately posts in clinical discussion groups.	S	S	S	S	S	S	NA	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											

Comments:

Week 2: Per Patient Advocate/Discharge Planner preceptor- “Satisfactory in all areas”. (6c,f)- Satisfactory CDG posting related to clinical experience. Keep up the great work! AR

Week 3 (6c,f)- Satisfactory CDG posting related to your Infusion Center clinical experience. Keep up the great work! AR

Week 4 – Great job during your Emergency Department clinical experience this week! (6b,c)- Satisfactory discussion via CDG posting related to your Emergency Department clinical! (6f)- Satisfactory CDG postings related to your clinical experiences this week. Keep up the great work! AR

Week 5-6(e) You did a great job overall with all of your documentation this week in clinical. There were minor areas in which we discussed that needed to be changed, and you did a great job incorporating my feedback from Tuesday and applying it to your documentation on Wednesday. BSc

Week 6- (6a,b,c) Great job participating in active discussion regarding your collaboration with the healthcare team, patients, families and discharge learning needs. FB

Week 7- 6a,c- Great job working together with nursing staff and fellow students. BS

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	Midterm	9	10	11	12	13	14	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA									
a. Value the need for continuous improvement in clinical practice based on evidence.																	
b. Accountable for investigating evidence-based practice to improve patient outcomes.	S	S	S	S	S	S	NA	NA									
c. Comply with the FRMCSN "Student Code of Conduct Policy."	S	S	S	S	S	S	S	NA									
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	S	S	S	S	S	S	S	NA									
Faculty Initials	AR	AR	AR	BSc	FB	BS											

Comments:

Great work so far Kyle. You seem comfortable in the Critical Care environment. Keep it up during your preceptorship. BS

Skills Lab Evaluation Tool
AMSN
2020

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	(1,3,4,6)*IV Start	Blood Admin./IV Pumps 3,4,5,6)*	Delegation/Prioritization/	Critical Care Meditech * Document	3,4,5,6)*Physician Orders	(1,3,6,7)*Resuscitation	Central Line/Blood 4,6)* Draw/Ports/IV Push	Assessment/Head to Toe	ents/CTECG/Telemetry	5,6)*ECG Measurements
	Date: 1/7/20	Date: 1/7/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/9/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20	Date: 1/10/20
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR/BS/ CP/BSc	FB	CP	FB	BS/BSc	AR	FB/CP	BS/BSc	BS/BSc	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

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

Blood Admin/IV Pumps: Satisfactory participation practice with blood administration safety checks. Great job with priming tubing, secondary IV medication pump set up, and the use of the IV drug dose library. FB

Prioritization/Delegation: You have successfully completed your skills lab for delegation and prioritization. You satisfactorily prioritized care for multiple patients using multiple methods (i.e. Maslow's hierarchy of needs, ABC, and ABCD methods). You were able to appropriately delegate nursing tasks based on the skill level and scope of practice for each member of your team. You actively participated in the group discussion on delegation of nursing tasks and your team shared several important factors to consider when delegating, including scope of practice and skill level of the delegate, nursing laws, facility policy, and condition of the patient. Great job! CP

Meditech Documentation: Satisfactory completion 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: Satisfactory completion of physician order labs utilizing SBAR communication and taking orders over the phone. Good job! BS/BSc

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

Central Line Dressing Change: Satisfactory central line dressing change using proper technique, as well as line flushing. FB

*End-of- Program Student Blood Draw, Ports: You were satisfactory in accessing an Infusaport device. You also satisfactorily demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. CP

IV Push: Great job with reconstitution of powder with NS, and medication administration. FB

**Lasater Clinical
 Judgment Rubric
 Scoring Sheet**

STUDENT NAME: **Conley**
 OBSERVATION DATE/TIME:
2/20/20 SCENARIO #:
Dysrhythmias

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Excess fluid volume R/T Impaired cardiac function		
*Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comment Date: 2/4-2/5/2020		
Nursing Diagnosis: (3 points) Problem Statement (1)-1 Etiology (1)-1 Defining Characteristics (1)-1	Total Points: 3 Comments: Excellent job! Nursing diagnosis is appropriate to your patient situation. All defining characteristics are specific as well.		
Goal and Outcome (6 points total) Goal Statement (1 point)-1 Outcome: Specific (1)-1 Measurable (1)-1 Attainable (1)-1 Realistic (1)-1/2 Time Frame (1)-1	Total Points: 5.5 Comments: Great job with your goal statement and outcomes. Looking at your first outcome, "Blood pressure less than or equal to 150/80." In order for this to be considered realistic, you would want to say "Systolic blood pressure less than or equal to 150, and a diastolic blood pressure less than or equal to 80." You may also want to give a range for this as well. For example, "Systolic blood pressure 110-150 and diastolic blood pressure 60-80." By doing this, it makes it clear that we would not accept a pressure of 80/50 as meeting our goal.		
Nursing Interventions: (8 points total) Prioritized (1)-1 What (1)-1	Total Points: 7.5 Comments: Kyle, you did an excellent job with all of your nursing interventions. I agree with how your prioritized them, and you also listed all pertinent interventions as well. You did a great job with your rationales, just try to		
CLINICAL JUDGMENT COMPONENTS NOTICING: (1, 2, 5)* Individualized Observation: E A D All pertinent interventions listed (1)-1 <ul style="list-style-type: none"> Recognizing Deviations from Expected Patterns: E A D Information Seeking: E A D Evaluation: (5 points total) Date (1)-1 Goal Met/partially/unmet (1)-1 Defining characteristics (1)-1 Plan to continue/modify/terminate (1)-1	OBSERVATION NOTES Team identifies patient and identifies self. Begins assessment, begins assessment. Cardiac monitor applied. Establishes orientation. Patient CO 0/2/20, reassured that medication was just given and should help. Rhythm challenge if any symptoms are improving or worsening, just be specific in listing what exact symptoms you are talking about. Team introduces members and identifies patient. Patient CO chest "jumping". Orientation established. Cardiac monitor applied. Patient begins to cough during second bolus and CO SOB. Total Points: Comments: Excellent job! Team enters, patient has no response, feels for pulse.		
INTERPRETING: (2, 4)*	HR noted to be bradycardic. New rhythm interpreted as 3 rd Total Points for entire Care plan = 21/22		
*End of Program Student Learning Outcomes Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Comments: Satisfactory care plan. Excellent job! BSc 13		

<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>degree AV block. Interprets the need to transcutaneous pace. Rhythm interpreted to be A-fib. Team notices lowered BP. With bolus, team notices patient history of CHF and EF of 40% and auscultates lungs.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Call to physician to update on heart rate, suggests atropine with appropriate doses. Order received and read back. O2 applied. Atropine prepared and administered correctly. Fast patches applied.</p> <p>Patches applied and O2 administered. Call to physician to inform of A-fib with a recommendation for Cardizem bolus. Orders received for bolus and drip, read back. Cardizem bolus administered and drip initiated correctly. Call to physician with a suggestion for amiodarone. Suggestion for a fluid bolus (discussion regarding Cardizem being the cause of the lowered BP). Order received and read back. Fluid bolus of 250 prepared and administered. Lung sounds assessed. Another bolus administered. Bolus DC'd after patient begins to cough.</p> <p>Code called, CPR started immediately. Patches applied. Defibrillator charged, shock delivered, CPR, patient bagged, shock delivered, shock delivered, EPI administered, shock delivered (great job!)</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discusses treatments for bradycardia and symptomatic bradycardia. Discussion of transcutaneous pacing, how to initiate it, and the probable need for pain medication. Pacing demonstrated. Discussion about bradycardia resulting in low cardiac output and resulting drop in BP. Also discussed prioritization of care as the scenario developed and the importance of teamwork.</p> <p>Team discussion about the common treatments for A-fib and prioritization of care for patients with A-fib. Nice job considering patient's history (CHF, EF 40%) when contemplating treatment. Synchronized cardioversion explained and demonstrated (also precautions, medications, indications).</p> <p>Team discussion about Code Blue scenario, difference between cardioversion and defibrillation. Medication alternative for EPI discussed (amiodarone). Team discussed noticing and responding appropriately.</p>

*End-of- Program Student Learning Outcomes

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

Developing to accomplished is required for satisfactory completion of this simulation.

**You are satisfactory for this simulation, great job!
BS**

/home/main/code/e360/apps/v8/releases/1582828391/public/upload/firelands/media/dropbox/76405-KConleyWeek8ClinicalEvaluationTool.docx

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2020
Simulation Evaluations

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	gy)Rachael Heidebrink	acology)Junetta Cooper	acology)Mary Richards	Surgical)Lloyd Bennett	gical)Kenneth Bronson	macology)Carl Shapiro
	Date: 2/14/20	Date: 2/28/20	Date: 3/13/20	Date: 3/20/20	Date: 3/26/20	Date: 4/9/20
Evaluation	S					
Faculty Initials	FB					
Remediation: Date/Evaluation/ Initials	NA					

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2020

*End-of- Program Student Learning Outcomes

**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 12/20/19