INSTRUCTIONS:
Clinical performance is evaluated using a scale of 0 - 4 on each clinical objective, each day. The student must **achieve 75% on all clinical days and in all critical elements for the final semester grade.** Each rotation (ICU, Medical/Surgical, or Preceptorship) must be passed with a 75% before progression to the next rotation is allowed. The final course grade is derived by totaling the daily points at the end of the semester once 75% achievement is met in all rotations.

At the time of the final clinical evaluation **ALL** behaviors must be satisfactorily performed at the level of competency defined for the course as identified in the course syllabus.

On a daily basis the student and faculty evaluate the student’s clinical performance utilizing the following points:

- **I** Independent = 4 points
- **S** Supervised = 3 points
- **A** Minimally Assisted = 2 points
- **P** Assisted = 1 point
- **D** Dependent = 0 points

**ABSENCES**

The faculty will complete the Clinical Evaluation Form each day and confer with the student regarding clinical performance at mid-semester or more frequently if performance is below expected application. Space for faculty and student comments is provided. Definitions of each performance standard and the level at which each objective is met by the student will be discussed at the required conference. This clinical evaluation form will become a part of the student’s permanent record.

**FINAL CLINICAL GRADE**

My signature acknowledges that I have seen and discussed the final clinical evaluation with the responsible faculty.

Faculty Date Student Date
If the student demonstrates behavior unsafe for a client on any day, the student may receive a failing grade for the entire clinical experience, thus failing the course.

The student must pass a math test with a 90% or better by an announced date.

If, during the medication experience, the student does not achieve a rating at the level of competency defined, the student will receive a failing grade for the entire clinical experience, thus failing the course. When possible a student that is deficient in the area may be given an extra medication experience, but this cannot be guaranteed.

**Clinical Performance Requirements:** At the end of the designated rotation/semester, ALL behaviors must be performed at the level of competency defined, to constitute a passing clinical grade. A clinical evaluation grade of less than 75% constitutes a course failure.

* **Critical Elements:** expected behaviors considered critical to successful completion of the learning experience. In order for a student to progress the student must meet each critical element with a minimum of 75% or better at the end of each clinical course.

### Behavior

#### Member of a Profession

1. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the practice setting, ADN program, and CTC.

2. Demonstrate responsibility and accountability for the quality of nursing care provided to patients and their families.

3. Maintain professionalism and serve as a role model to peers and members of the multidisciplinary health care team.

4. Demonstrate responsibility for continued competence in nursing practice, and use self-evaluation to improve practice.

#### Provider of Patient-Centered Care

1. Perform a comprehensive assessment accurately and in a timely manner.

2. Provide safe, compassionate, ethical, and holistic nursing care to patients.

3. Organize care based upon clinical reasoning and identified priorities.

4. Examine assessment data to identify problems, formulate goals/outcomes, develop and evaluate plans of care for 1-3 patients.

5. Use therapeutic communication techniques when interacting with patients, families, peers, faculty, and members of the multidisciplinary health care team.

6. Develop, implement, and evaluate teaching plans for patients and their families addressing patient preferences, health promotion, maintenance, and restoration.

#### Patient Safety Advocate

1. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety standards.

2. Safely administer medications.


4. Maintain principles of infection control.

5. Obtain instruction, supervision, or training from faculty, as needed.

6. Accept assignments and tasks that take into consideration patient safety and ADN and organizational policies.

### Member of the Health Care Team
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain confidentiality according to HIPAA guidelines</td>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>2. Communicate changes in patient status, responses to interventions, procedures or unsafe practice issues to faculty and staff clearly and in a timely manner.</td>
<td>A</td>
<td>S</td>
<td>I</td>
</tr>
<tr>
<td>3. Collaborate and communicate with patients, their families, the interdisciplinary health care team, and clinical faculty to plan, deliver, and evaluate patient-centered care.</td>
<td>A</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td>4. Act as an advocate promoting quality health care for patients and their families.</td>
<td>A</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td>5. Document information accurately, completely, and in a timely manner.</td>
<td>A</td>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td>6. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need. (4th Sem.)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>7. Supervise nursing care provided by others for whom the nurse is responsible by using evidence based nursing practice. (4th Sem.)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Differentiated Essential Competencies of Graduates of Texas Nursing Programs. The Texas Board of Nursing, October 2010.**

- I = Independent - 4 pts.
- S = Supervised - 3 pts.
- A = Assisted - 2 pts.
- P = Provisional - 1 pts.
- D = Dependent - 0 pt.
**CLINICAL POINT DEDUCTIONS**

Points will be deducted for absences, tardiness, and incomplete clinical days according to the following standards. Leaving clinical early for **any reason** will result in a deduction from the points earned for that day.

<table>
<thead>
<tr>
<th>Description</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence with instructor notification prior to scheduled clinical start time</td>
<td>Student will earn 4 points for the day for following policies (element A-1).</td>
</tr>
<tr>
<td>Absence with no call to instructor (no call/no show).</td>
<td>Student will earn zero (0) points on each element for the day.</td>
</tr>
<tr>
<td>Second no call/no show.</td>
<td>Student will be administratively withdrawn from clinical in failing status.</td>
</tr>
<tr>
<td>Tardiness of greater than 30 minutes with instructor notification prior to</td>
<td>Student will be sent home and counted as absent (earn 4 points on element A-1).</td>
</tr>
<tr>
<td>scheduled clinical start time.</td>
<td></td>
</tr>
<tr>
<td>Tardiness of greater than 30 minutes without instructor notification prior</td>
<td>Student will earn zero (0) points on each element for the day.</td>
</tr>
<tr>
<td>to scheduled clinical start time.</td>
<td></td>
</tr>
<tr>
<td>Tardiness of less than 30 minutes with instructor notification prior to</td>
<td>Student will have 1 point deducted from elements A-1, A-2, and A-3. Repeated tardiness may result in increased point deductions.</td>
</tr>
<tr>
<td>scheduled clinical start time.</td>
<td></td>
</tr>
<tr>
<td>Tardiness of less than 30 minutes without instructor notification prior to</td>
<td>Student will earn 2 points for element A-1, and zero points for elements A-2 and A-3. Repeated tardiness may result in increased point deductions.</td>
</tr>
<tr>
<td>scheduled clinical start time.</td>
<td></td>
</tr>
<tr>
<td>Leaving clinical prior to providing patient care.</td>
<td>Student will be counted as absent and earn 4 points for element A-1.</td>
</tr>
<tr>
<td>Leaving clinical after beginning patient care but with less than 50% of the</td>
<td>Student will have 50% deduction from total points earned for the day. Repeat occurrences may result in increased point deductions.</td>
</tr>
<tr>
<td>day completed.</td>
<td></td>
</tr>
<tr>
<td>Leaving clinical with more than 50% but less than 100% of the day completed.</td>
<td>Student will have 25% deduction from total points earned for the day. Repeat occurrences may result in increased point deductions.</td>
</tr>
</tbody>
</table>

*The preceding is not an all-inclusive list of possible deductions for clinical performance.*
Student criterion-referenced performance standards are defined as follows for clinical evaluations. Read the standards for each level of competency carefully.

**INDIPENDENT = 4 POINTS**
- Perform safely and accurately each time* behavior is observed without supportive cues* from instructor.
- Demonstrates dexterity.*
- Spends minimal time on task.*
- Applies theoretical knowledge accurately each time.*
- Focuses on patient while giving care.*
- Appears relaxed and confident.

**SUPERVISED = 3 POINTS**
- Performs safely and accurately each time* behavior observed.
- Requires supportive or directive cue occasionally during performance of task.*
- Demonstrates coordination, but uses some unnecessary energy* to complete behavior/activity.
- Spends reasonable time on task.*
- Appears generally relaxed and confident; occasional anxiety may be noticeable.
- Applies theoretical knowledge accurately with occasional cues.
- Focuses on patient initially; as complexity increases, focuses on task.*

**ASSISTED = 2 POINTS**
- Performs safely and accurately each time* observed.
- Requires frequent supportive and occasional directive cues.*
- Demonstrates partial lack of skill and/or dexterity* in part of activity; awkward.
- Takes longer time* to complete task; occasionally late.
- Appears to waste energy due to poor planning.
- Identifies principles, but needs direction to identify application.
- Focuses primarily on task or own behavior, not on patient.*

**PROVISIONAL = 1 POINT**
- Performs safely under supervision, *not always accurate.
- Requires continuous supportive and directive cues.*
- Demonstrates lack of skill; uncoordinated* in majority of behavior.
- Performs task with considerable delay; activities are disrupted or omitted.*
- Appears anxious, flustered.
- Identifies fragments of principles; applies principles inappropriately.
- Focuses entirely on task or own behavior.*

**DEPENDENT = 0 POINTS**
- Performs in an unsafe* manner; unable to demonstrate behavior.
- Requires continuous supportive and directive cues.*
- Performs in an unskilled manner; lacks organization.*
- Appears frozen, unable to move, non-productive.
- Unable to identify principles or apply them.
- Attempts activity or behavior, yet is unable to complete.*
- Focuses entirely on task or own behavior.*

* Distinctive feature of the level of competence.

A. **Member of the Profession (MOP):** A licensed nurse (RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.

1. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

   A. **Knowledge**
   1. Texas Nursing Practice Act.
   2. Texas Board of Nursing Rules, Position Statements, and Guidelines.
   3. Federal, state, or local laws, rules, and regulations affecting nursing practice.
   4. Nursing scope of practice in relation to delegated medical acts and facility policies.
   5. Standards and guidelines from professional organizations.
   6. Facility policies and procedures.

   B. **Clinical Judgments and Behaviors**
   1. Function within the scope of practice of the registered nurse.
   2. Use a systematic approach to provide individualized, goal-directed nursing care to meet health care needs of patients and their families.
   3. Practice according to facility policies and procedures and participate in the development of facility policies and procedures.
   4. Question orders, policies, and procedures that may not be in the patient’s best interest.

2. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

   A. **Knowledge**
   1. Texas Board of Nursing Standards of Practice.
   4. Models of ethical decision making.
   5. Advocacy process.
   7. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.
   8. Continuing competency and professional development.
   9. Self-evaluation, staff evaluation, and peer evaluation processes.
   10. Employment setting policies and procedures.
   11. Methods for the development of policies and procedures.
   12. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.
   13. Aspects of professionalism including attention to appearance and demeanor.
   14. Communication techniques and management skills to maintain professional boundaries.
   15. Principles of quality improvement and basic outcome measurement in health care organizations.

   B. **Clinical judgments and behaviors**
   1. Pass the Nursing Jurisprudence Examination before licensure.
   2. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.
   3. Evaluate care administered by the interdisciplinary health care team.
4. Advocate for standards of practice through professional memberships.
5. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.
6. Provide culturally sensitive health care to patients and their families.
7. Provide holistic care that addresses the needs of diverse individuals across the lifespan.
8. Use performance and self-evaluation processes to improve individual nursing practice and professional growth.
9. Evaluate the learning needs of self, peers and others and intervene to assure quality of care.
10. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.
11. Assume accountability for individual nursing practice.
12. Promote accountability for quality nursing practice through participation on policy and procedure committees.
14. Follow established policies and procedures.
15. Question orders, policies, and procedures that may not be in the patient’s best interest.
16. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor.
17. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.
18. Comply with professional appearance requirements according to organizational standards and policies.
19. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.

3. Participate in activities that promote the development and practice of professional nursing.
   
   A. Knowledge
      1. Historical evolution of professional nursing.
      2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery.
      3. The role of professional nursing organizations, regulatory agencies, and health care organizations.
      4. Strategies to influence the public perception of nursing.
      5. The evolving practice roles of professional nurses and their contributions to the profession.
      6. Types of leadership.
      7. Political processes to promote professional nursing practice.
   
   B. Clinical judgments and behaviors
      1. Analyze the historical evolution of professional nursing and the application to current issues and trends.
      2. Promote collegiality among interdisciplinary health care team members.
      3. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing.
      4. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing.
      5. Articulate the values and roles of nursing to the public.
      6. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.
      7. Practice within the professional nursing role and Scope of Practice.
      8. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.
      9. Participate in activities that promote consumer awareness of nursing’s contribution to society.
4. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

A. Knowledge
   1. Texas Board of Nursing rules for continuing competence.
   2. Resources, tools, and processes to assess professional learning needs.
   3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications and educational articulation/mobility).

B. Clinical judgments and behaviors
   1. Participate in educational activities to maintain/improve competence, knowledge, and skills.
   2. Participate in nursing continuing competency activities to maintain licensure.
   3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.
   4. Demonstrate accountability to reassess and establish new competency when changing practice areas.
   5. Demonstrate commitment to the value of lifelong learning.

B. Provider of Patient-Centered Care (PPCC): A licensed nurse (RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

1. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.

A. Knowledge
   1. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes.
   2. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.
   3. Priority setting based on patient health status and individual characteristics.
   5. Application of current literature and/or research findings and evidence-based practice in improving patient care.

B. Clinical judgments and behaviors
   1. Use clinical reasoning and nursing science as a basis for decision making in nursing practice.
   2. Organize care based upon problem-solving and identified priorities.
   3. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.
   4. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.
   5. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.
2. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.

A. Knowledge
1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.
2. Comprehensive nursing assessment of patients and their families.
3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.
4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.
5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.
6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.
7. Disease processes, pharmacotherapeutics, and other therapies and treatments.
8. Introduction to established theories models and approaches that guide nursing practice.
9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.
10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.
11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices.
12. Political, economic, and societal forces affecting the health of individuals and their families.

B. Clinical judgment and behaviors
1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.
2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families.
3. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families.
4. Evaluate the use of safe complementary health care practices.
5. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.
6. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence based practice outcomes and communicate observations.
7. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.
8. Interpret and analyze health data for underlying pathophysiological changes in the patient’s status.
9. Incorporate multiple determinants of health when providing nursing care for patients and families.
10. Recognize that political, economic, and societal forces affect the health of patients and their families.
3. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.

   A. Knowledge
   2. Principles for recognizing functional and dysfunctional relationships.
   3. Techniques of written, verbal, and nonverbal communication including electronic information technologies.
   4. Principles of effective communication and the impact on nursing practice.
   5. Principles of disease prevention, health promotion, education, and rehabilitation for patients.
   6. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care.
   7. Interdisciplinary collaboration.
   8. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.
   9. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.
   10. Strategies for collaborative discharge planning.
   11. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.

   B. Clinical judgments and behaviors
   1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.
   2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.
   3. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care.
   4. Assist with collection of data from direct patient care to redefine practice guidelines.
   5. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.
   6. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.
   7. Demonstrate fiscal accountability in providing care for patients and their families.
   8. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.

4. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

   A. Knowledge
   1. Components of compassionate, patient-centered care.
   2. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care.
   3. Professional ethics.
   4. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.
   5. Nursing unit and staffing management.
   7. Basis for determining nursing care priorities in patient care.
   9. Scope of responsibilities and accountability for supervision and collaboration.
10. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules.
11. Models and patterns of nursing care delivery.
12. Channels of communication for decision making processes within work settings.
13. Principles of decision making.

B. Clinical judgments and behaviors
1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and professional values.
2. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care.
3. Anticipate and interpret changes in patient status and related outcomes.
4. Communicate changes in patient status to other providers.
5. Manage priorities and multiple responsibilities to provide care for multiple patients.
6. Implement plans of care for multiple patients.
7. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care.
8. Manage care for multiple patients and their families.
9. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.
5. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

A. Knowledge
1. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment.
3. Patterns and modes of therapeutic and nontherapeutic communication, delegation, and collaboration.
4. Rights and responsibilities of patients related to health care and advocacy.
5. Advocacy for health promotion for patients and their families.
6. Physiological, psychiatric, and mental health aspects of nursing interventions.
7. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.
8. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.
9. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients’ responses.
10. Effects of misuse of prescription and nonprescription medications and other substances.
12. Code of ethics, ethical practices, and patient’s rights and framework for ethical decision making.
13. Legal parameters of professional nursing practice and health care.
14. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.
15. Key federal and state statutes and institutional policies regarding patient confidentiality.
17. Management of nursing informatics using principles of confidentiality.
18. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.
19. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.
B. Clinical judgments and behaviors
1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.
2. Implement nursing interventions to promote health and rehabilitation.
3. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities.
4. Assist patients and their families to learn skills and strategies to protect and promote health.
5. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations.
6. Participate with the interdisciplinary team to manage health care needs for patients and their families.
7. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.
8. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life.
9. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.
10. Collaborate with other health care providers with treatments and procedures.
11. Promote interdisciplinary team collaboration in carrying out the plan of care.
12. Seek clarification as needed.
13. Provide accurate and pertinent communication when transferring patient care to another provider.
15. Evaluate and clarify patient’s understanding of health care rights.
16. Encourage active engagement of patients and their families in care.
17. Use interdisciplinary resources within the institution to address ethical and legal concerns.
18. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.
19. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.
20. Facilitate maintenance of patient confidentiality.
21. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health.
22. Provide nursing interventions safely and effectively using evidence-based outcomes.
23. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.

6. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.

A. Knowledge
1. Methods to evaluate health care processes and patient outcomes.
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.
3. Introduction to performance improvement concepts in patient care delivery.

B. Clinical judgments and behaviors
1. Report changes in assessment data.
2. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care.
3. Evaluate patterns of behavior and changes that warrant immediate intervention.
4. Use standard references to compare expected and achieved outcomes of nursing care.
5. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.
6. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team.
7. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.
8. Modify plan of care based on overt or subtle shifts in patient status and outcomes.
10. Evaluate and communicate quality and effectiveness of therapeutic interventions.
11. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.
12. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.

7. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
   
   A. Knowledge
   1. Lifespan development and sociocultural variables affecting the teaching/learning process.
   2. Techniques for assessment of learning needs and factors affecting learning.
   4. Methods and strategies to evaluate learning and teaching.
   5. Resources that support patient health care knowledge, decision making, and self-advocacy.

   B. Clinical judgments and behaviors
   1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.
   2. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs.
   3. Use best practice standards and other evidence based findings in developing and modifying teaching plans for patients and their families.
   4. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.
   5. Evaluate learning outcomes of the patients and their families receiving instruction.
   6. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences.
   7. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.
   8. Provide patients and their families with the information needed to make choices regarding health.

8. Coordinate human, information, and materiel resources in providing care for patients and their families.
   
   A. Knowledge
   1. Organizational mission, vision, and values as a framework for care and management.
   2. Types of organizational frameworks of various health care settings.
   3. Workplace safety consistent with current federal, state, and local regulations and guidelines.
   4. Promoting a safe environment.
   5. Key issues related to budgetary constraints impacting the use of resources.
   6. Basic models of reimbursement.
   7. Basic principles of management and communication within an organization.
   8. Roles and responsibilities of members of the interdisciplinary health care team.
B. Clinical judgments and behaviors
   1. Identify and participate in activities to improve health care delivery within the work setting.
   2. Report the need for corrective action within the organization for safe patient care.
   3. Collaborate with interdisciplinary health care team to select human and materiel resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.
   4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.
   5. Use management skills to delegate to licensed and unlicensed personnel.
   6. Demonstrate leadership role in achieving patient goals.
   7. Implement established standards of care.

C. Patient Safety Advocate (PSA): A licensed nurse (RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

   1. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

      A. Knowledge
         1. Texas Nursing Practice Act and Texas Board of Nursing rules.
         2. National Standards of Nursing Practice.
         3. Federal, state, and local government and accreditation organizations’ safety requirements and standards.
         4. Facility policies and procedures.
         5. Facility licensing agency or authority standards.
         6. Principles of quality improvement and outcome measurement in health care organizations.

      B. Clinical judgments and behaviors
         1. Attain licensure.
         2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.
         3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
         4. Use standards of nursing practice to provide and evaluate patient care.
         5. Recognize and report unsafe practices.
         6. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.
         7. Participate in peer review.

   2. Implement measures to promote quality and a safe environment for patients, self, and others.

      A. Knowledge
         1. Principles of patient safety including safe patient handling.
         4. Role in safety and risk management for patients and others.
         5. Principles of a culture of safety including safe disposal of medications and hazardous materials.
         6. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and “Whistleblower” protection.
B. Clinical judgments and behaviors
   1. Promote a safe, effective environment conducive to the optimal health and dignity of the patients and their families.
   2. Accurately identify patients.
   3. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling.
   4. Safely administer medications and treatments.
   5. Reduce patient risk related to medication administration and treatment based on evidenced-based data.
   6. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.
   7. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.
   8. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.
   9. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.
   10. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.
   11. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.

3. Formulate goals and outcomes using evidence based data to reduce patient risks.
   A. Knowledge
      1. Principles of disaster preparedness and communicable disease prevention and control for patients and their families.
      2. Current national and state standards and guidelines and local procedures for infection control.
   B. Clinical judgments and behaviors
      1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.
      2. Implement measures to prevent exposure to infectious pathogens and communicable conditions.
      3. Anticipate risk for the patient.
      4. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards.

4. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
   A. Knowledge
      1. Standards of Practice.
      2. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines.
      3. Facility policies and procedures.
   B. Clinical judgments and behaviors
      1. Evaluate individual scope of practice and competency related to assigned task.
      2. Seek orientation/training for competency when encountering unfamiliar patient care situations.
      3. Seek orientation/training for competency when encountering new equipment and technology.
5. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
   A. Knowledge
      1. Standards of Practice.
      2. Texas Board of Nursing rules, Position Statements and Guidelines.
      3. Scope of Practice.
      4. Facility policies and procedures.
   B. Clinical judgments and behaviors
      1. Report unsafe practices of healthcare providers using appropriate channels of communication.
      2. Understand Safe Harbor rules and implement when appropriate.
      3. Report safety incidents and issues to the appropriate internal or external individual or committee.
      4. Participate in committees that promote safety and risk management.

6. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.
   A. Knowledge
      1. Standards of Practice.
      2. Texas Board of Nursing rules, Position Statements and Guidelines.
      3. Scope of Practice.
      4. Facility policies and procedures.
   B. Clinical judgments and behaviors
      1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation.
      2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers’ levels of knowledge, skills, and abilities.
      3. When assigning and delegating nursing care retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.
      4. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.

D. Member of the Health Care Team (MHCT): A licensed nurse (RN) who provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.
   1. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient centered care.
      A. Knowledge
         1. Structure, function, and interdisciplinary relationships within the health care delivery system.
         2. Models of care delivery and roles of interdisciplinary health care team members.
         3. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.
         4. Principles of change, team management, and leadership.
         5. Roles of all levels of nursing and other health care professionals.
         6. Patient advocacy and consumer rights and responsibilities.
         7. Legal and ethical processes related to healthcare.
         9. Methods of evaluation for continuous quality improvement.
B. Clinical judgments and behaviors
   1. Involve patients and their families in collaboration with other interdisciplinary health care team members for planning health care delivery to improve the quality of care across the lifespan.
   2. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary health care.
   3. Promote the effective coordination of services to patients and their families in patient-centered health care.
   4. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.

2. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
   A. Knowledge
      1. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal.
      2. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.
      3. Individual responsibility for quality of nursing care.
      4. Role of the nurse as advocate for patients and their families.
      5. Role of organizational committees, peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families.
      6. Knowledge of reliable online sites and other resources that provide quality health care data.
      7. Role and responsibility for public safety and welfare, which may involve mandatory reporting.
   B. Clinical judgments and behaviors
      1. Support the patient’s right of self-determination and choice even when these choices conflict with values of the individual professional.
      2. Apply legal and ethical principles to advocate for patient well-being and preference.
      3. Identify unmet needs of patients and their families from a holistic perspective.
      4. Act as an advocate for patient’s basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.
      5. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team.
      6. Teach patients and families about access to reliable and valid sources of information and resources including health information.
      7. Participate in quality improvement activities.
      8. Participate in professional organizations and community groups to improve the quality of health care.
      9. Refer patients and their families to community resources.
     10. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs.

3. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
   A. Knowledge
      1. Institutional and community resources including agencies/ services and health care providers.
      2. Principles of case management.
      3. Roles of family and significant others in providing support to the patient.
      4. Roles and functions of members of the interdisciplinary health care team.
      5. Confidentiality regulations (e.g., HIPAA).
      6. Referral processes for patients and their families to promote continuity of care.
8. Major current issues affecting public/government/private health care services, programs, and costs.
9. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.

B. Clinical judgments and behaviors
1. Assess the adequacy of the support systems of patients and their families.
2. Work with families to use resources to strengthen support systems.
3. Identify providers and national and community resources to meet the needs of patients and their families.
4. Facilitate communication among patients, their families, and members of the health care team to use institutional or community resources to meet health care needs.
5. Maintain confidentiality according to HIPAA guidelines.
7. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care.
8. Assist patients and their families to communicate needs to their support systems and to other health care professionals.
9. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/government/private health care services, programs, and cost to patients and families.

4. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.

A. Knowledge
1. Principles of communication theory with patients, families, and the interdisciplinary health care team.
2. Principles of management, decision making, assertiveness, conflict management, communication, motivation, time management, delegation, and principles of change.
3. Functions of interdisciplinary health care team members.
4. Group process as a means of achieving and evaluating goals.
5. Principles of change and conflict resolution and strategies for effective management and improvement of patient care.

B. Clinical judgments and behaviors
1. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary health care team.
2. Follow legal guidelines in communicating changes in patient status, including chain of command and Texas Nursing Practice Act.
3. Facilitate joint decision making with the interdisciplinary health care team.
4. Refer to community agencies and health care resources to provide continuity of care for patients and their families.
5. Assist the interdisciplinary health care team to implement quality, goal-directed patient care.
6. Facilitate positive professional working relationships.
7. Use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers.
8. Recognize and manage conflict through the chain of command.
9. Initiate and participate in nursing or interdisciplinary team meetings.
10. Provide evidence-based information during interdisciplinary meetings.
11. Use change strategies in the work environment to achieve stated patient outcomes to facilitate optimum patient care.
5. Communicate and manage information using technology to support decision making to improve patient care.

A. Knowledge
   1. Current information and communication systems for managing patient care, data, and the medical record.
   2. Current technology-based information and communication systems.
   3. Regulatory and ethical considerations protecting confidentiality when using technology.
   4. Technology skills including word-processing, email, accessing databases, bibliographic retrieval, and accessing multiple online resources.

B. Clinical judgments and behaviors
   1. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education.
   2. Evaluate credibility of sources of information, including internet sites.
   3. Access, review, and use electronic data to support decision making.
   4. Participate in quality improvement studies.
   5. Apply knowledge of facility regulations when accessing client records.
   6. Protect confidentiality when using technology.
   7. Intervene to protect patient confidentiality when violations occur.
   8. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care.
   10. Use informatics to promote health care delivery and reduce risk in patients and their families.
   11. Document electronic information accurately, completely, and in a timely manner.

6. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.

A. Knowledge
   1. Texas Board of Nursing RN Delegation Rules.
   2. Principles of supervision and management, team work/ group dynamics, and nursing care delivery systems.
   3. Competencies of assistive personnel and other licensed team members.
   4. Structure and function of the interdisciplinary team.
   5. Patient care requirements and assessment techniques.
   7. Time management.
   9. Regulatory laws and facility policies.

B. Clinical judgments and behaviors
   1. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks.
   2. Assess competency level and special needs of nursing team members.
   3. Participate in decision making related to delegation and assigned tasks.
   4. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.
   5. Assign patient care based on analysis of patient or organizational need
   6. Reassess competency and learning needs of team members.
   7. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.
   8. Plan activities to develop competency levels of team members.
7. Supervise nursing care provided by others for whom the nurse is responsible by using evidence based nursing practice.

A. Knowledge
   1. Principles of management and organizational behavior.
   2. Principles of communication and group process.
   3. Assessment of learning needs.
   4. Instructional methods.
   5. Evaluation of teaching effectiveness.
   6. Facility policies and procedures.
   7. Organizational structure including chain of command.

B. Clinical judgments and behaviors
   1. Provide staff education to members of the health care team to promote safe care.
   2. Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.
   3. Oversee and follow through on patient care provided by health team members.
   4. Base assignments and delegation on team member competencies.
   5. Ensure timely documentation by assigned health team members.

Differentiated Essential Competencies of Graduates of Texas Nursing Programs. The Texas Board of Nursing, October 2010.
<table>
<thead>
<tr>
<th>A. MEMBER OF A PROFESSION</th>
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<tbody>
<tr>
<td>*1. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the practice setting, ADN program and CTC. (P) (O)</td>
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<td>*2. Demonstrate responsibility and accountability for the quality of nursing care provided to patients and their families. (P) (O)</td>
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<td>*3. Maintain professionalism and serve as a role model to peers and members of the multidisciplinary health care team. (P) (O)</td>
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<td>4. Demonstrate responsibility for continued competence in nursing practice, and use self-evaluation to improve practice. (P) (O)</td>
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<th>B. PROVIDER OF PATIENT-CENTERED CARE</th>
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<tr>
<td>*1. Perform a comprehensive assessment accurately and in a timely manner. (P)</td>
</tr>
<tr>
<td>*2. Provide safe, compassionate, ethical, and holistic nursing care to patients. (P)</td>
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<tr>
<td>3. Organize care based upon clinical reasoning and identified priorities. (P) (O)</td>
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<tr>
<td>4. Examine assessment data to identify problems, formulate goals/outcomes, develop and evaluate plans of care for up to 5 patients. (P)</td>
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<td>5. Use therapeutic communication techniques when interacting with patients, families, peers, faculty, and members of the multidisciplinary health care team. (P) (O)</td>
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<td>6. Develop, implement, and evaluate teaching plans for patients and their families addressing patient preferences, health promotion, maintenance, and restoration. (P)</td>
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<td>*3. Safely perform interventions/procedures. (P)</td>
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**A. MEMBER OF THE HEALTH CARE TEAM**

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<td>*2. Communicate changes in patient status, responses to interventions, procedures or medications, any abnormal findings, and unsafe practice issues to faculty and staff clearly and in a timely manner. (P) (O)</td>
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<td>3. Collaborate, and communicate with patients, their families, the interdisciplinary health care team, and clinical faculty to plan, deliver, and evaluate patient-centered care. (P) (O)</td>
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<td>4. Act as an advocate promoting quality health care for patients and their families. (P) (O)</td>
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<td>5. Document information accurately, completely, and in a timely manner. (P) (O)</td>
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<td>6. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need. (Team Leader – TL only)</td>
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<td>7. Supervise nursing care provided by others for whom the nurse is responsible by using evidence based nursing practice. (TL only)</td>
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Max. points per Patient Care day............84
Max. points for Absence (per criteria).......4
Max. points for Sim Lab..........................84
Max. points Preceptor..........................84
Max points Team Leader.........................92
Max. points for Alternate Assignment.......92
Max. points for Observation Rotation......56

Pt. Care Days earned ____________
Sim Lab earned _______________
Med Pass earned ______________
Alter Assign earned ____________
Preceptor earned ______________

DATES OF ABSENCES ________________________/ MAX. PTS POSSIBLE: _______/FINAL GRADE POINTS ________________ FINAL GRADE ____________
DATES OF TARDIES _______________________

*Independent=4 pts; Supervised=3pts; Assisted=2pts; Provisional=1pt; Dependent=0pts Critical elements must achieve75% on each element to be successful in each clinical course.

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<th>DATE</th>
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