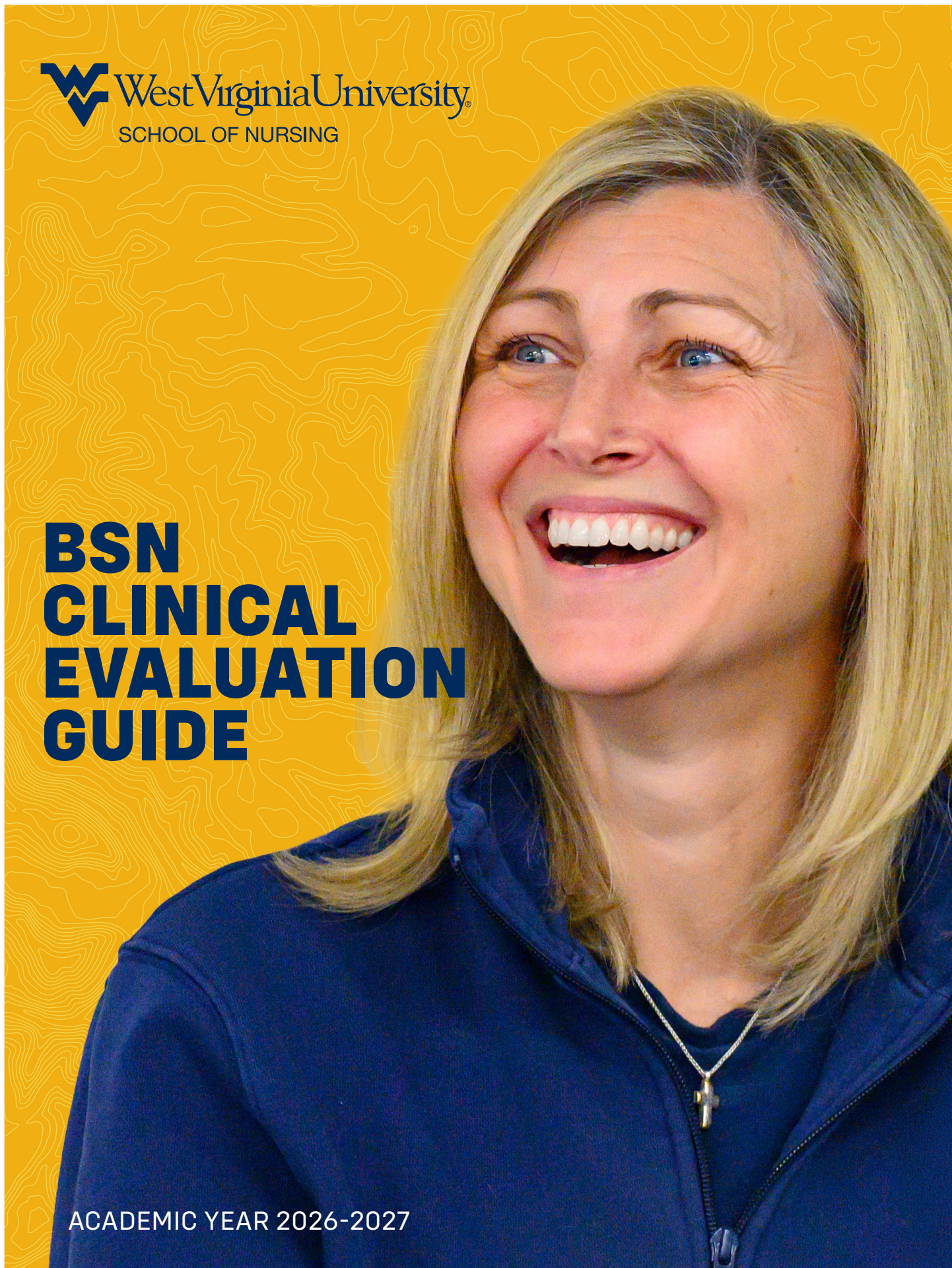


West Virginia University

SCHOOL OF NURSING

BSN CLINICAL EVALUATION GUIDE

ACADEMIC YEAR 2026-2027



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Introduction

Clinical education is where nursing knowledge becomes nursing practice. Whether a student is supervised directly by clinical faculty or paired with an experienced preceptor, every clinical hour is designed to support safe practice, professional growth, and achievement of the WVU School of Nursing's BSN program outcomes. This WVU SON *BSN Clinical Evaluation Guide* provides a shared framework so that faculty, preceptors, and students understand their roles, responsibilities, and expectations within all clinical learning environments.

This guide applies to all undergraduate clinical courses, including:

- Faculty-led clinicals, taught and supervised directly by WVU SON clinical faculty
- Preceptor-led clinicals, in which students work one-on-one with an approved registered nurse preceptor in a clinical setting

Regardless of the clinical model, all parties use the same standardized evaluation tool, ensuring consistency in assessing progression, competencies, and professional development. This structure is aligned with competency-based nursing education and mirrors widely accepted approaches used in BSN programs nationally.

The WVU SON *BSN Clinical Evaluation Guide* reflects two equally important aims:

1. Supportive and relational guidance that encourages learning, growth, and transparent communication
2. Clear, policy-anchored expectations that ensures safe practice, fairness, and accreditation compliance

By adopting this guide, the WVU School of Nursing reinforces a culture of shared understanding and partnership among faculty, preceptors, students, and clinical practice partners to improve the health of West Virginians, as well as our regional and global communities, through the delivery of excellent student-centered programs and evidence-based teaching, scholarship, and service.



Guidance for Faculty

Faculty-led clinical courses are directly supervised and facilitated by WVU SON clinical faculty members who are responsible for:

- Direct oversight of student learning and patient care
- On-site or near-site supervision depending on course type and clinical rotation schedule
- Weekly formative and end-of-rotation summative clinical evaluations

Faculty Qualifications

Pursuant to WV Code (§30-7-5a) and CCNE Standard II-F (2024), WVU SON clinical faculty must have credentials which verify status as a registered professional nurse in WV and hold a graduate degree, or:

- hold a baccalaureate degree in nursing with direct patient care experience (10 years for full-time faculty and two years for part-time faculty),
- have significant clinical experience,
- are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach, and
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member.

Faculty Roles and Responsibilities

WVU SON clinical faculty are responsible for the planning, supervision, and evaluation of student learning in faculty-led clinical courses, which includes:

Teaching & Supervision

- Providing orientation to course expectations, clinical policies, and evaluation criteria
- Facilitating learning experiences aligned with course learning outcomes
- Supervising patient care activities consistent with student level of competency
- Providing immediate safety oversight and intervention as needed

Communication

- Maintaining open, timely communication with clinical coordinators, students, and clinical staff through established communication methods (e.g., email, phone)
- Clarifying expectations for professionalism, attendance, scope, safety, and documentation
- Addressing concerns promptly and professionally

Evaluation

- Conducting weekly, formative clinical evaluations, and a final, summative clinical evaluation
- Providing actionable feedback to support student success
- Assigning the final clinical grade (pass/fail)

Safety & Accountability

- Removing students from clinical activities if unsafe or unprepared
- Initiating Clinical Success Plans (CSP) plans when needed
- Documenting performance concerns and escalate appropriately

WVU SON clinical faculty have the authority to:

- Remove a student from the clinical experience if they demonstrate unsafe practice, unprofessional conduct, or unpreparedness. Refer to the [WVU SON BSN Program Handbook](#).
- Initiate a Clinical Success Plan (CSP) tailored to the students' needs.

Guidance for Preceptors

Preceptor-led clinical experiences (NSG 411, NSG 412, NSG 460) are facilitated 1:1 with an approved registered nurse preceptor who provides day-to-day instruction, feedback, and evaluation. However, WVU SON clinical faculty retain grading authority and responsibility for summative clinical evaluations.

In this model:

- WVU SON preceptors supervise students during each clinical shift
- WVU SON clinical faculty oversees the experience, communicates regularly with the preceptor, and retains grading and summative evaluation authority
- Student follows the preceptor's schedule and participates in the full rhythm of professional nursing practice

Preceptor Qualifications

Pursuant to WV Code (§19-1-2), WVU SON preceptors in the BSN program must:

- hold an active, unencumbered RN license,
- hold a Bachelor of Science in Nursing (BSN), and
- have at least one year of clinical experience.

Preceptor Roles and Responsibilities

Preceptors play a vital role in transitioning students toward practice readiness. WVU SON preceptors are responsible for the supervision and assessment of student learning in preceptor-facilitated clinical courses, which includes:

Orientation & Integration

- Introducing students to the unit, staff, routines, workflow, and documentation systems
- Reviewing course learning outcomes, student competencies, and expectations early in the experience

Day-to-Day Supervision & Teaching

- Facilitating learning experiences aligned with course learning outcomes
- Providing supervised opportunities for clinical competencies consistent with student scope and organizational policies
- Encouraging appropriate independence while ensuring patient safety

Feedback & Evaluation Input

- Providing ongoing verbal feedback regarding strengths, progress, and areas for improvement
- Completing three clinical evaluations throughout the semester (Fall/Spring: Weeks 5, 10, and 15; Summer: Weeks 4, 8, 12)
- Notifying WVU SON clinical faculty immediately for any safety or professionalism concerns

Professional Role Modeling

- Demonstrating effective communication, teamwork, leadership, and patient-centered care
- Introducing students to interprofessional collaboration opportunities
- Promoting ethical and professional behavior consistent with standards of professional nursing practice

WVU SON preceptors should contact WVU SON clinical faculty promptly if:

- A student fails to arrive at an expected clinical experience
- A student appears unsafe or unprepared
- A student's progression is not meeting expectations

- Professional or behavioral concerns arise
- The preceptor-student relationship is strained
- Additional academic or personal student support is needed

WVU SON clinical faculty have the authority to:

- Remove a student from the clinical experience if they demonstrate unsafe practice, unprofessional conduct, or unpreparedness. Refer to the [WVU SON BSN Program Handbook](#).
- Initiate a Clinical Success Plan (CSP) tailored to the students' needs.

Guidance for Students

It is expected that WVU SON BSN students adhere to the professional standards, behaviors, and scope consistent with the role of the student nurse, and as outlined in the WVU [SON BSN Program Handbook](#).

Student Roles and Responsibilities

Students represent the WVU SON, the nursing profession, and the clinical site, and are responsible for actively engaging in their own learning and maintaining professional standards and behaviors, which includes:

Professional Conduct

- Adhering to WVU SON program, course, and clinical site policies
- Demonstrating punctuality, preparedness, and professional appearance
- Maintaining patient privacy, confidentiality, and complying with HIPAA standards
- Using respectful, therapeutic communication with patients, families, staff, and WVU SON faculty/preceptors

Active Engagement

- Reviewing clinical objectives before each shift
- Participating actively in pre- and post-conference discussions
- Participating actively in patient care and seeking out learning opportunities
- Requesting clarification or assistance when uncertain or unfamiliar
- Completing all required documentation (e.g., EHR entries, case logs, self-evaluations)

Communication

- Notifying WVU SON clinical faculty/preceptors of absence, tardiness, or schedule issues
- Maintaining open, professional verbal and nonverbal communication

Safety Responsibilities

- Prioritizing patient safety in all actions and observations
- Reporting concerns promptly to WVU SON clinical faculty/preceptors
- Performing approved skills only under appropriate supervision

Student Expectations

Students are expected to practice within an appropriate scope and are not permitted to perform skills or tasks that legally require an RN license. Students are not permitted to perform skills they have not been taught, evaluated on, or approved to perform. Furthermore, invasive procedures always require supervision by an RN. Note, clinical site policies and requirements may supersede program level expectations.

Medication Administration Restrictions

Students may not:

- Administer intravenous (IV) medications without direct RN supervision
- Administer blood products
- Administer chemotherapy
- Administer medications via epidural catheters
- Access medications independently from automated dispensing systems
- Possess keys for controlled substances

Verification and Documentation Restrictions

Students may not:

- Participate in dual sign-off of blood products or high-risk medications
- Participate in end-of-shift controlled substance counts
- Witness or sign consent forms
- Take, transcribe, or verify verbal/telephone orders
- Witness the wasting of controlled substances
- Independently document without co-signature by WVU SON faculty, preceptors, or RNs

Guidance for Clinical Evaluation

The WVU SON longitudinal Clinical Evaluation Tool (CET) is designed to evaluate student competency during all clinical experiences. Evaluation criteria within the CET are derived from the AACN *Essentials* (2021) subcompetencies and mapped to the NCLEX-RN Test Plan (2026). WVU SON clinical faculty, preceptors, and students share the responsibility for evaluating student competency, however the final clinical grade is only assigned by a WVU SON clinical faculty member.

Clinical Evaluation Schedule

Evaluations are to occur on a designated schedule as outlined below:

Evaluator	Schedule
Student (Self-Evaluation)	Weekly
WVU SON Clinical Faculty	Weekly
WVU SON Preceptors	Three times per semester: Fall/Spring (Weeks 5, 10, 15) Summer (Weeks 4, 8, 12)

Clinical Evaluation Benchmarks

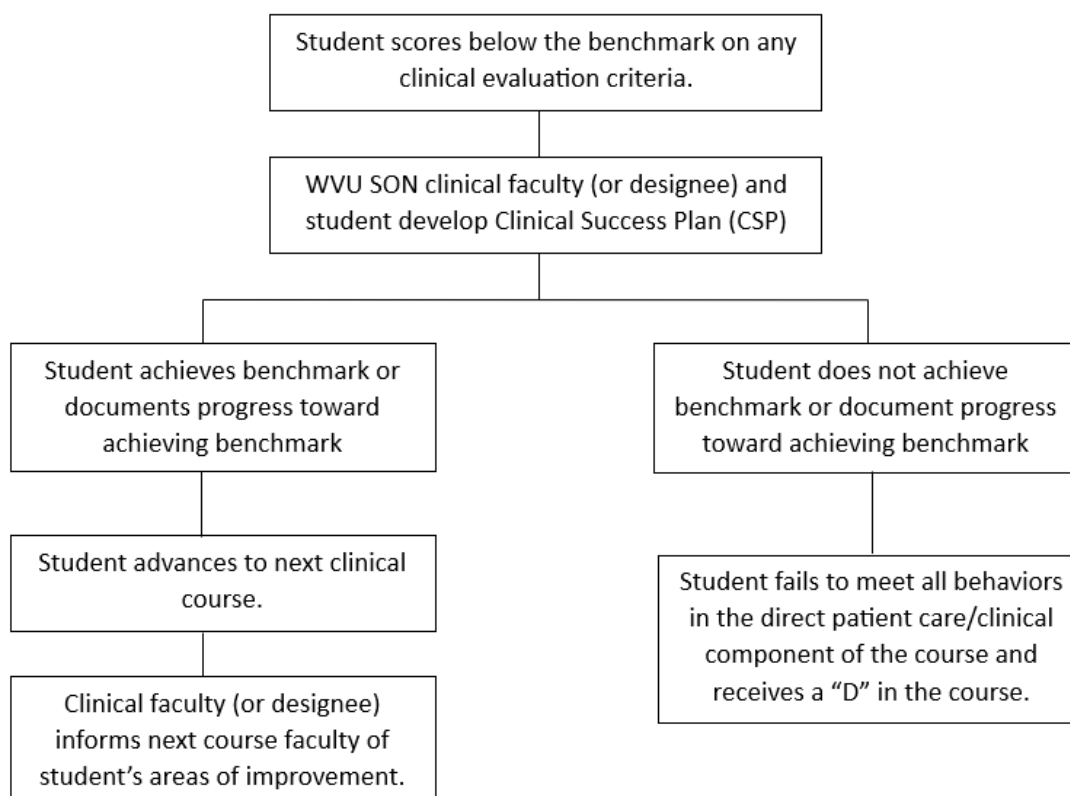
Although the evaluation criteria on the CET are the same for every clinical experience, students are required to meet different benchmarks based on student level (i.e., sophomore, junior, senior), or specialty course (i.e., NSG 320, 330, 410, 460). Definitions of benchmarks and examples of how students might demonstrate competency can be found in **Appendix A**.

Level	Required Benchmark	Description
Sophomore (NSG 200, 212)	2 or 3	Students must achieve a minimum rating of 2 or 3 at the end of the sophomore level. Those who do not meet level 2 or 3 will require a success plan and may be ineligible to advance to the next course.
Junior (NSG 311, 312)	4 or 5	Students must achieve a minimum rating of 4 or 5 at the end of the junior level. Those who do not meet level 4 or 5 will require a success plan and may be ineligible to advance to the next course.
Senior (NSG 411, 412)	6 or 7	Students must achieve a minimum rating of 6 or 7 at the end of the senior level. Those who do not meet level 6 or 7 will require a success plan and may be ineligible to advance to the next course.
Specialty Courses (NSG 330, 320, 410, 460)	3 or 4	Students must achieve a minimum rating of 3 or 4 on the designated criteria. Those who do not meet level 3 or 4 will require a success plan and may be ineligible to advance to the next course.
Professional <i>Expectations</i>	Developing or Met*	Students in the 200-level NSG courses must achieve a minimum rating of "Developing" on the designated criteria. Students who achieve a rating of "Unmet" will require remediation and may be ineligible to progress in the nursing program.

		*Students in the 300 and 400-level NSG courses must achieve a minimum rating of “Met” on the designated criteria. Students who achieve a rating of “Unmet” will require a success plan and may be ineligible to progress in the nursing program.
Professional Requirements	Met	Students must achieve a minimum rating of “Met” on the designated criteria. Students who achieve a rating of “Unmet” will require a success plan and may be ineligible to progress in the nursing program.

Students who are not meeting required benchmarks based on WVU SON clinical faculty or preceptor evaluations will be required to participate in a Clinical Success Plan (CSP). Note, although WVU SON preceptors may trigger the need for a CSP, the WVU SON clinical faculty point-of-contact (or designee) will initiate and implement the CSP in collaboration with the student.

Clinical Success Plan (CSP) Process



Appendix A: Benchmark Definitions and Examples

	Benchmarks	Definitions	CET Categories	Examples to Demonstrate Competency
1	Beginning	The student is just beginning to develop the skill or behavior and requires direct, continuous, step-by-step guidance. Understanding is limited, performance is inconsistent, and the student requires close supervision to maintain safety.	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> Recognizes basic assessment findings with faculty/preceptor guidance. Needs step-by-step support to prioritize patient needs, implement simple interventions, and provide basic client teaching and care coordination.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> Constructs a basic plan of care with faculty/preceptor support. Identifies cultural and religious practices of the patient with faculty/preceptor prompting. Requires reminders to respect patient privacy during all planned procedures and encounters.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> Needs reminders to introduce themselves or explain procedures to patients. Uses unprofessional or unclear language at times, requiring correction. Demonstrates limited therapeutic communication techniques (e.g., eye contact, respectful tone) when communicating with patients and families.
			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> Avoids communicating concerns to the RN unless explicitly instructed by the faculty/preceptor. Needs reminded to report on and off to the RN and/or CA. Gives vague or incomplete SBAR reports (e.g., "They're okay," without assessment details). Demonstrates delays in reporting acute assessment changes, requiring prompting. Needs prompted to enter the patient's room when team members are providing care.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> Needs to improve the frequency of implementing essential safety measures (e.g., locking the bed, lowering the bed, applying side rails).

				<ul style="list-style-type: none"> Overlooks the use of PPE or applies it incorrectly unless reminded multiple times. Requires a faculty/preceptor to intervene to maintain patient safety during mobility or transfers based on hospital policy and patient status. Needs direct supervision to safely perform hand hygiene and cannot recall proper steps for technique. Requires prompting to maintain sterility during invasive procedures. Requires reminders to correctly follow facility policies and procedures. Requires consistent faculty/preceptor presence to assist in correct technique during assessment and documentation process.
2	Emerging	<p>The student demonstrates the behavior in simple or familiar situations but continues to require frequent prompting and correction. Foundational skills are present but are not yet reliable, especially when complexity increases.</p>	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> Completes basic assessments and recognizes normal versus abnormal assessment cues without prompting. Requires assistance to correctly analyze cues based on abnormal assessment findings. Contributes to planning and simple interventions but still requires close supervision for patient education and care coordination.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> Develops a basic plan of care that would be applicable to the patient's individualized health needs. Recognizes cultural and religious practices of the patient. Consistently demonstrates respect and privacy during all planned procedures and encounters.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> Introduces themselves, explains procedures to the patient, and develops rapport. Utilizes professional language appropriate to the recipient and requires minimal correction. Demonstrates therapeutic communication techniques (e.g., eye contact, respectful tone, nonverbals) when communicating with patients and families with minimal guidance.

			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> • Begins to demonstrate the ability to complete patient report using SBAR format with moderate faculty/preceptor guidance. • Promptly reports acute changes in patient assessment to appropriate personnel with minimal prompting from the faculty/preceptor. • Remains present in patient's room during times when team members are providing care.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> • Implements essential safety measures (e.g., locking the bed, lowering the bed, raising side rails) without prompting. • Applies PPE correctly without faculty/preceptor guidance. • Maintains patient safety during mobility or transfers based on hospital guidelines and patient status. • Demonstrates appropriate hand hygiene within the patient care setting. • Uses appropriate techniques to maintain sterility during invasive procedures with minimal guidance in steps to correct broken sterility. • Follows facility policies and procedures. • Demonstrates correct technique during basic assessment and documentation process.
3	Developing	The student demonstrates growing competence and performs the behavior with moderate guidance. Foundational skills are increasingly consistent, though performance remains variable during	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> • Performs thorough assessments and identifies most-to-all abnormal findings and performs a focused assessment based on the findings. • Participates in planning, implementing, and evaluating care with moderate guidance. • Provides simple patient teaching and care coordination in routine situations.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> • Recognizes the patient's health cues including physical, emotional, social, and cultural when planning and implementing care. • Identifies cultural and religious practices of the patient and seeks measures to meet those needs (i.e., collaborates with the chaplain).

		<p>complex situations or when stress increases.</p>		<ul style="list-style-type: none"> • Demonstrates empathy and respect by explaining how patient privacy and dignity will be maintained during procedures, and actively engages patients in discussions about their preferences • Seeks to overcome communication challenges by identifying and using alternate communication strategies for patients with sensory deficits (e.g., hearing, vision) or language barriers with minimal guidance.
			<p>Therapeutic and Innovative Communication</p>	<ul style="list-style-type: none"> • Introduces themselves in a professional, approachable manner, provides clear and thorough explanations of procedures, and actively engages with patients to build a trusting, empathetic rapport. • Engages in active listening and shows genuine interest in the patient as a person, building a relationship of trust and comfort. • Uses professional language that is tailored to the recipient, whether communicating with patients, families, or the interprofessional team.
			<p>Interprofessional and Systems-Based Collaboration</p>	<ul style="list-style-type: none"> • Engages with the interprofessional team by asking questions when rounding or providing care. • Includes all key elements of SBAR, ensuring reports are clear, concise, and complete with minimal faculty/preceptor guidance. • Promptly identifies and reports acute changes in a patient's condition and document findings and intervention with minimal guidance.
			<p>Quality, Safety, and Infection Control</p>	<ul style="list-style-type: none"> • Anticipates potential risks and applies safety measures proactively, even in-between scheduled safety checks. • Actively reflects on each procedure, identifies areas for improvement, and integrates feedback to enhance technique and maintain patient safety. • Demonstrates the appropriate use and procedure when deciding between alcohol-based hand sanitizer and handwashing and follows protocols for equipment cleaning, surface disinfection, and safe disposal of sharps and biohazard materials.

4	Advancing	The student performs most aspects of the behavior safely with minimal guidance. Cueing is occasional rather than ongoing, though support may still be needed in unfamiliar, rapidly changing, or highly complex situations.	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> • Completes comprehensive assessments that are accurate and organized, requiring only occasional confirmation from the faculty/preceptor. • Prioritizes care for one patient with minimal faculty/preceptor input, demonstrating logical sequencing of needs. • Administers medications safely and accurately with minimal prompting (e.g., verifying rights of medication administration, completing documentation). • Demonstrates beginning clinical reasoning by connecting assessment cues with appropriate interventions and evaluating short-term outcomes.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> • Consistently incorporates the patient’s cultural, spiritual, and personal preferences into the plan of care with minimal prompting. • Demonstrates growing empathy and respect by anticipating needs related to comfort, privacy, and dignity. • Identifies potential barriers to equitable care and takes steps to minimize them, such as offering interpreter resources or adjusting teaching strategies.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> • Communicates clearly and professionally with patients, families, and the interprofessional team. • Uses therapeutic communication techniques (reflection, clarification, open-ended questions) appropriately with increasing confidence. • Provides accurate patient teaching in routine situations and adapts explanations when patients show misunderstanding. • Demonstrates increasing skill in using electronic health record (EHR) systems to support communication and documentation.
			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> • Participates actively in interprofessional rounding by sharing concise and relevant assessment findings. • Provides SBAR reports that are organized and complete with occasional prompting for clarity or prioritization.

				<ul style="list-style-type: none"> Identifies the roles of the interprofessional team and collaborates appropriately, seeking clarification when needed. Reports changes in patient status promptly and accurately with minimal faculty/preceptor cueing.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> Independently applies safety measures (e.g., call light placement, bed positioning, fall precautions) and recognizes when additional interventions are necessary. Demonstrates proper PPE use, aseptic technique, and environmental safety with minimal correction. Anticipates common safety risks and adjusts actions accordingly (e.g., securing lines, preparing needed equipment). Performs hand hygiene and infection prevention behaviors consistently and models these behaviors during routine care. Follows facility policies and procedures with occasional prompting when situations become more complex.
5	Competent	The student performs the behavior independently and safely at the level expected for their clinical placement. Performance is consistent in routine situations, with guidance needed primarily in unfamiliar, high-acuity, or complex circumstances.	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> Independently organizes, prioritizes, and provides care for the assigned patient load appropriate to their level. Demonstrates sound clinical reasoning by linking assessment cues to appropriate interventions and evaluating patient responses. Independently recognizes and promptly reports changes in patient condition, suggesting logical next steps or interventions. Delivers patient education that is accurate, evidence-based, and tailored to the patient's readiness, literacy, and cultural needs.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> Consistently integrates the patients' cultural, spiritual, and personal values into a holistic plan of care without prompting. Demonstrates empathy and respect by anticipating needs, maintaining dignity, and responding to emotional cues appropriately. Identifies social determinants of health that may impact care and takes initiative to address or escalate concerns to appropriate resources.

				<ul style="list-style-type: none"> • Advocates for equitable care by ensuring patients have access to necessary information, supports, and services.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> • Communicates confidently and professionally with patients, families, and the interprofessional team, adapting tone and language appropriately to the situation. • Uses therapeutic communication intentionally to support patient coping, understanding, and engagement in care. • Provides clear, accurate, and timely updates to the interprofessional team without prompting. • Uses digital tools (e.g., EHR, telehealth modalities when applicable) accurately to document and share patient information, demonstrating strong information literacy.
			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> • Independently provides organized and comprehensive SBAR handoff reports. • Collaborates proactively with the interprofessional team, recognizing when to involve other disciplines to optimize patient outcomes. • Delegates aspects of care to appropriate personnel (e.g., CA) and follows up to ensure completion. • Demonstrates understanding of system resources and workflows and uses them appropriately to support efficient patient care.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> • Consistently implements evidence-based safety practices (e.g., medication safety, fall prevention, equipment safety) without prompting. • Maintains sterility during invasive procedures and identifies breaks in technique in self and others. • Recognizes system-level risks (e.g., staffing, equipment, delays) and takes appropriate action to maintain patient safety. • Accurately documents care and safety practices in accordance with facility policies.

				<ul style="list-style-type: none"> Ensures a clean, safe environment by independently performing infection control measures (e.g., hand hygiene, disinfection, PPE, isolation protocols).
6	Proficient	The student meets expectations for their level, demonstrating efficient, organized, and anticipatory performance. The student adapts smoothly to changing circumstances, recognizes clinical patterns, and prioritizes care with increasing sophistication.	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> Synthesizes complex assessment data to identify subtle trends. Implements highly individualized care plans with clinical foresight, evaluates multidimensional outcomes, and anticipates specialty care needs for long-term outcomes.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> Builds strong, trusting relationships rooted in empathy, compassion, and mutual respect to drive ethical and equitable care delivery for diverse populations. Anticipates health disparities and barriers to care based on the social determinants of health and coordinates multi-level advocacy across systems.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> Anticipates communication challenges and implements personalized evidenced-based communication strategies. Efficiently demonstrates use of electronic health, mobile health, and/or telehealth to support person-centered care. Communicates complex information clearly with the ability to adapt to changing or difficult situations.
			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> Anticipates the need for collaboration based on the expertise of members of the interprofessional team. Efficiently delegates to appropriate team members based on roles and competence. Prioritizes the needs of the community and/or the affected clinical population based on available resources.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> Proactively mitigates infection and occupational risks based on national safety and quality standards.

7	Developed	The student demonstrates exemplary performance for an undergraduate learner, consistently applying advanced clinical judgment across a wide range of situations. The student demonstrates leadership, mentors peers when appropriate, and delivers high-quality, person-centered care with insight, initiative, and reliability.	Person-Centered and Evidence-Based Care	<ul style="list-style-type: none"> • Demonstrates exemplary clinical reasoning and judgment by predicting clinical trajectories. • Delivers comprehensive evidence-based care and optimizes outcomes through timely plan revisions. • Leads patient education and care coordination efforts.
			Compassionate and Equitable Practice	<ul style="list-style-type: none"> • Exemplifies compassionate, relationship-centered practice that demonstrates consistent ethical judgment in complex situations. • Leads advocacy efforts for diverse populations at the patient, community, and/or professional levels.
			Therapeutic and Innovative Communication	<ul style="list-style-type: none"> • Models clear and compassionate communication during complex or emotionally charged conversations • Optimizes the use of digital technologies to support innovative communication and care continuity. • Leads the team in applying health literacy assessments to design, evaluate, and refine evidence-based teaching.
			Interprofessional and Systems-Based Collaboration	<ul style="list-style-type: none"> • Coordinates care among members of the interprofessional team. • Leads care delegation to enhance team efficiency and patient outcomes. • Implement plans of care based on the needs of the community and/or the affected clinical population to bridge gaps in available resources.
			Quality, Safety, and Infection Control	<ul style="list-style-type: none"> • Champions harm reduction and risk prevention to cultivate a culture of safety aligned with national safety and quality standards.

BSN Clinical Evaluation Guide

Student Signature Page

Academic Year 2026-2027

I have read and understand the information in the WVU SON BSN Clinical Evaluation Guide. I understand I will not be permitted to participate in clinical experiences unless I have read and signed this form.

Signed electronically by typing my name below:

Student Name

Date

BSN Clinical Evaluation Guide

Faculty Signature Page

Academic Year 2026-2027

I have read and understand the information in the WVU SON BSN Clinical Evaluation Guide.

Signed electronically by typing my name below:

Clinical Faculty Name

Date