
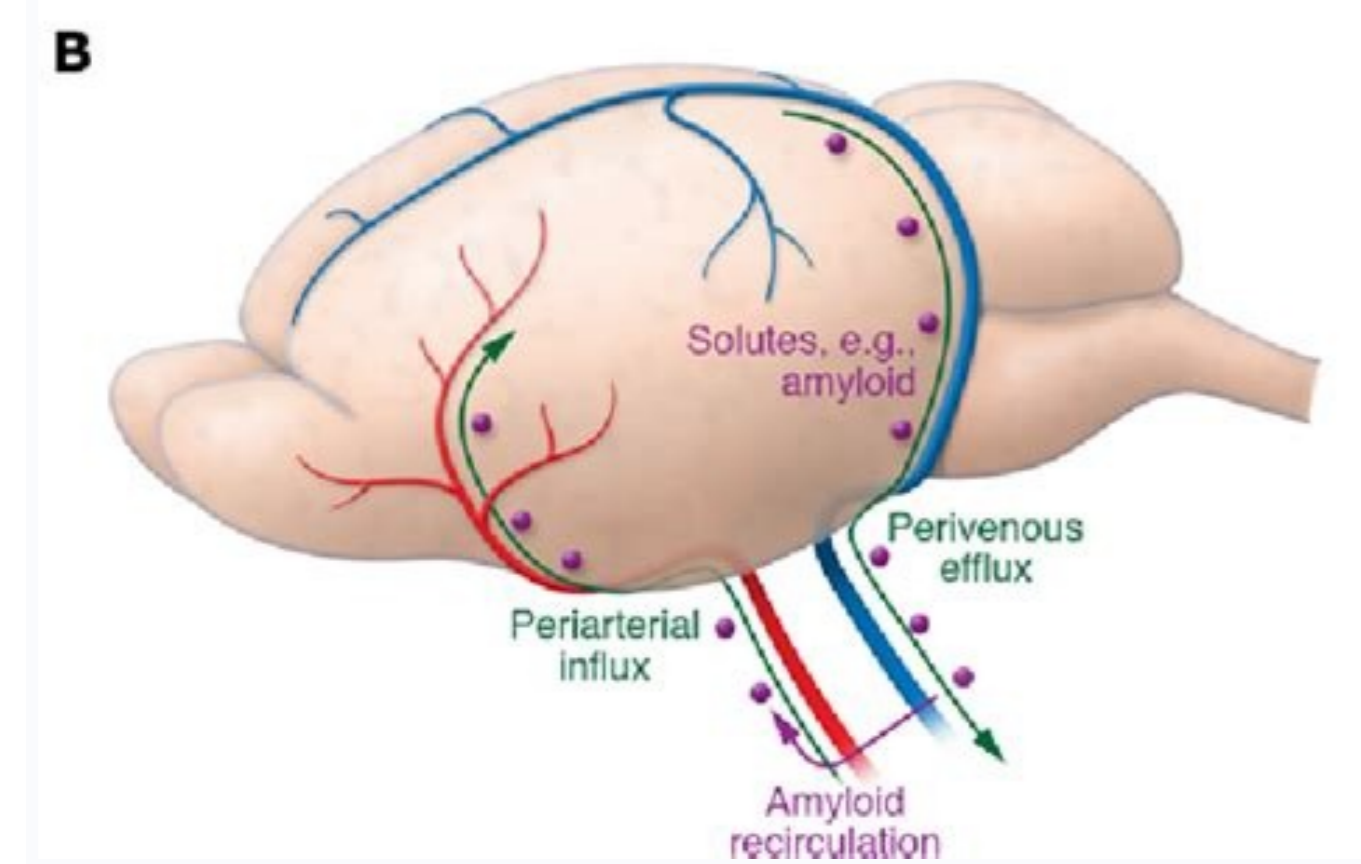
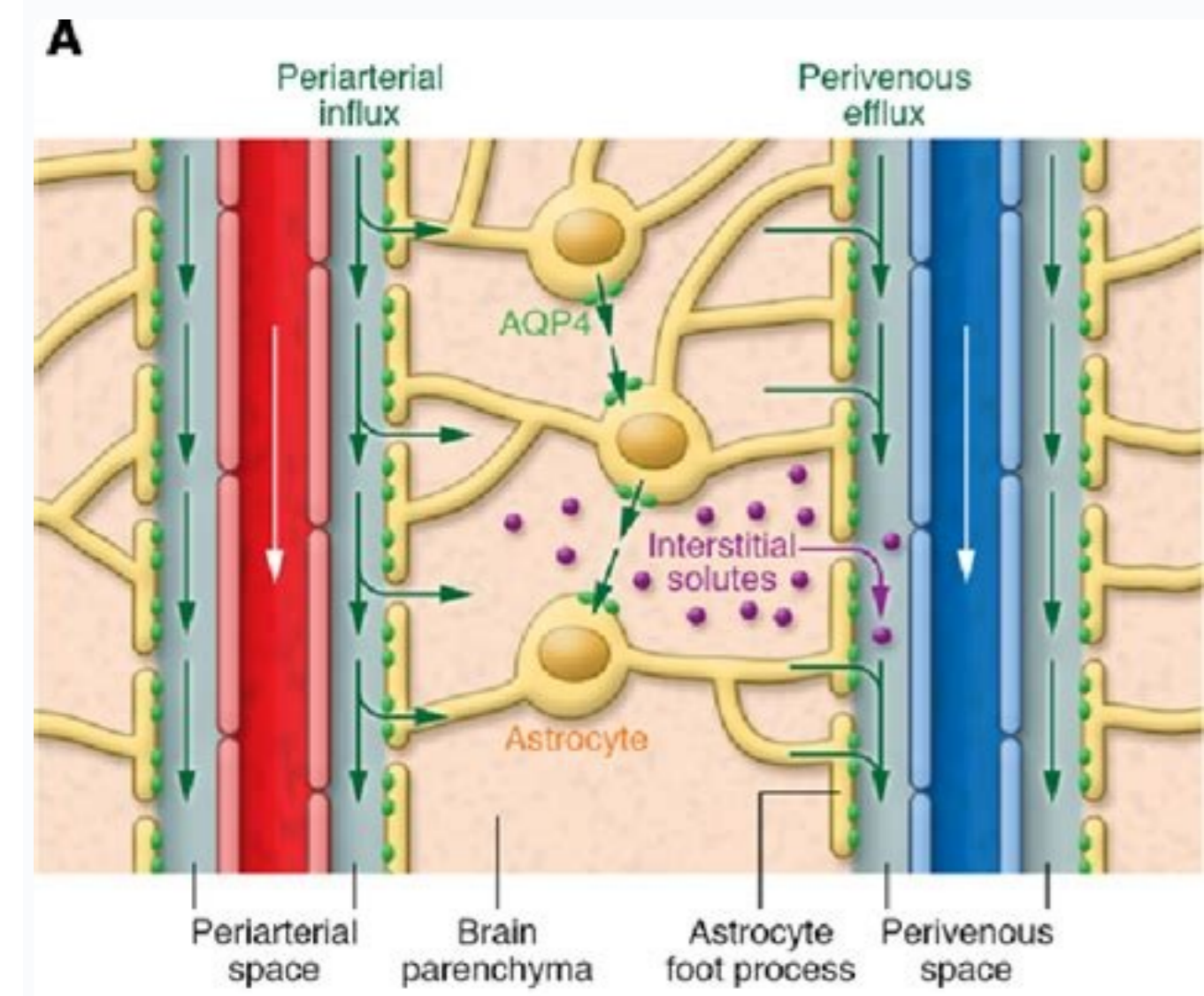
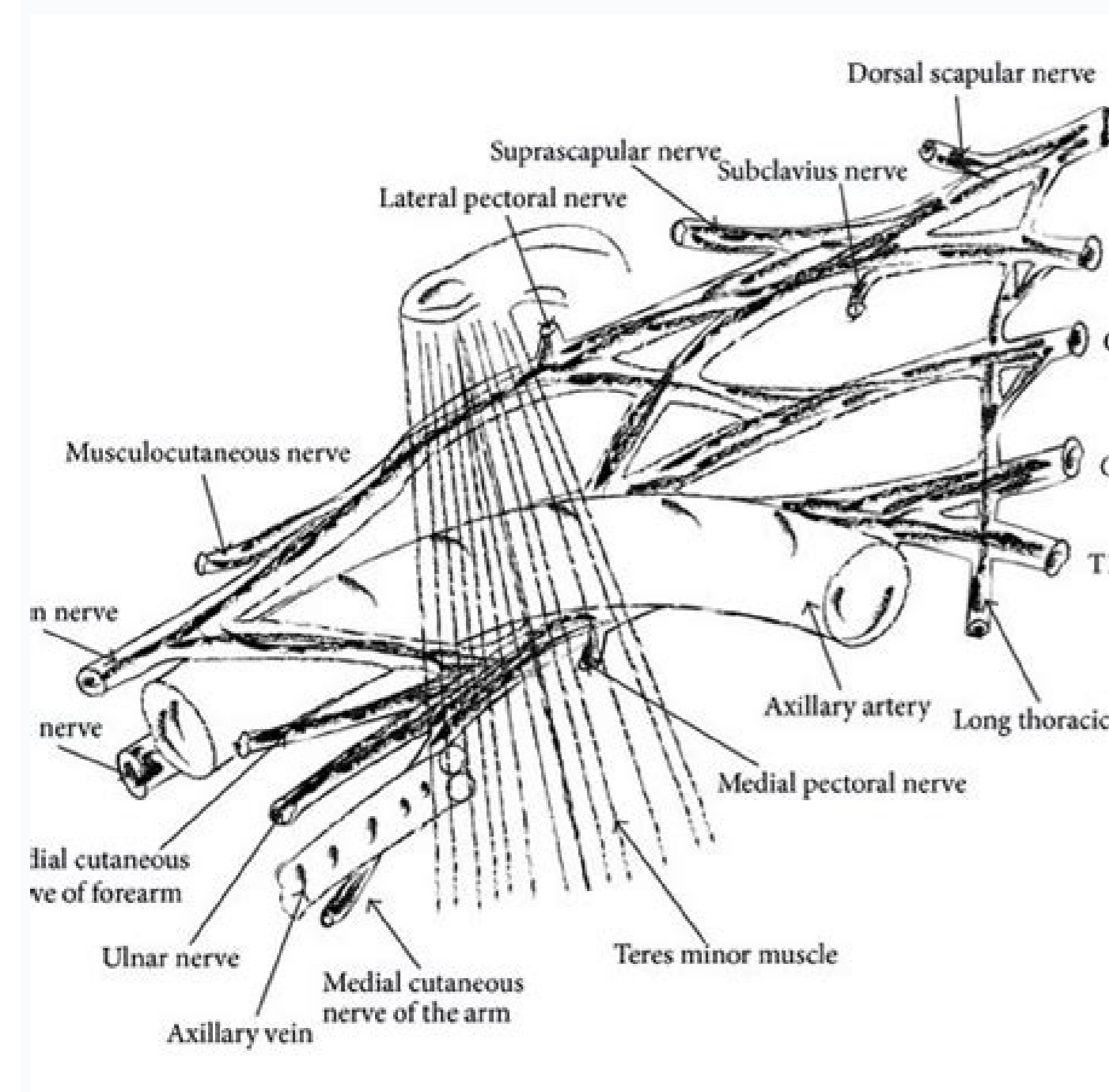


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**SUBMIT**

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Course Syllabus - Clinical Course

Assessment	Planning Goal	Implementation	Rationale	Evaluation	Goal Met?
Patient Date: _____ Signature: _____ (If not all criteria met, use direct questions)	General Outcome: _____ Specific Measurement: _____ Patient Will: _____	Nurse Will: _____ Why: _____	Reason for this work: _____ What happened: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Objective: _____ (If not all criteria met, use indirect questions)					





