

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2022**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN; Monica Dunbar MSN, RN;
Brian Seitz, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Brian Seitz	BS
Monica Dunbar	MD

7/8/2022 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
Competencies:		NA	S	NA														
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.																		
b. Provide care using developmentally appropriate communication.		NA	S	NA														
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	NA														
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA														
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA														
Clinical Location Age of patient		NA	FTMC ER 81	NA														
		BS	BS															

Comments:

1e. Integrity vs. Despair: I chose this because this stage starts at about 65 years of age and ends at death and he showed some characteristics such as acceptance, and feeling at peace, but also some regret. He had stated, "If I would have known I was going to live this long I would have taken better care of myself" in a somewhat joking tone. **Good observation. BS**

Week 3- 1a- Nice job describing one of the patients you helped take care of during your ER experience. BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA														
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA														
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA														
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA														
j. Identify various resources available for children and the childbearing family.		NA	NA	NA														
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	NA														
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	NA														
		BS	BS															

Comments:

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Engage in discussions of evidenced-based nursing practice.		NA	S	NA														
b. Perform nursing measures safely using Standard precautions.		NA	S	NA														
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	S	NA														
d. Practice/observe safe medication administration.		NA	S	NA														
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA														
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	NA														
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	S	NA														
		BS	BS															

Comments:

2g. Some Social Determinants of Health for this patient include a good support system that is able to help him get what he needs and where he needs. He has been retired so employment is not an issue. BS

Week 3- 2a,b- Good job discussing measures that had to be taken with your patient, such as N-95 masks and negative pressure rooms. BS

***End-of-Program Student Learning Outcomes**

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the child-bearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Act with integrity, consistency, and respect for differing views.		NA	S	NA														
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	NA														
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	NA														
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	NA														
		BS	BS															

Comments:

3d. An example of a legal issue I witnessed today that was not necessarily an issue but has potential to be other hospitals is when the nurse had another nurse double check her dose and medication for her patient. With the interaction I saw, she read the medication and dose to the other nurse, the other nurse checked it and made sure it was drawn up right and signed off on it. I have seen in other clinicals that the nurse just signed off without double checking which could be a legal issue. **Yes, this is a big issue. Many patients are harmed or even die each year because of medical errors. Good observation! BS**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA														
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	S	NA														
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA														
d. Summarize witnessed examples of patient/family advocacy.		NA	S	NA														
e. Provide patient centered and developmentally appropriate teaching.		NA	S	NA														
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	S	NA														
		BS	BS															

Week 3- 4b- Good job listing the interventions you performed for your patient in the ER. BS

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings. (subjective and objective)	(lists at least 7*) *provides explanation if < 7	(lists 5-6)		(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests.	(lists at least 3*) *provides explanation if < 3			(lists < 3 or gives no explanation)		
	3. Identify all risk factors.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
	4. Highlight all of the related/relevant data from the Noticing boxes to develop a priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
Interpreting	5. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists at least 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		

Reflecting	13. List the reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory* *Total points adding up to less than or equal to 29 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	S	NA														
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA														
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA														
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA														
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA														
		BS	BS															

Comments:

Week 3- 4g,h- Nice job discussing the medications your patient received in the ER and the interventions you saw related to his disease process. BS

Objective																		
5. Collaborating professionally with members of the health care team, child-bearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA														
b. Evaluate own participation in clinical activities.		NA	S	NA														
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA														
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA														
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA														
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA														
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA														
		BS	BS															

Comments:

Week 3- 5a- You were able to witness a different charting system than what you've become accustomed to. BS

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	S	NA														
b. Accept responsibility for decisions and actions.		NA	S	NA														
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA														
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA														
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	S	NA														
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA														
g. Demonstrate ability to organize time effectively.		NA	S	NA														
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	NA														
i. Demonstrates growth in clinical judgment.		NA	S	NA														
		BS	BS															

Comments:

6a. Since this was my first clinical for the semester and my first clinical since med-surg with assessments and interventions, I feel that my confidence in what I know could improve. I was confident and comfortable when actually giving medications and injections but my nerves prior to the clinical were somewhat high. I need to be confident with what I know because I know more than I feel I do at times. I am going to meet this goal by continuously having more confidence in my self at every clinical and building it up. **Yes, you definitely know more than you realize. The nerves will get under control with time and experience. BS**

***End-of-Program Student Learning Outcomes**

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2022
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1,2,6)	Broselow Tape (*1,2,3,5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Ballard Assessment (*2, 3, 4, 5, 6)	Pediatric Vital Signs (*1,4,5)	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/30	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills								
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)
	Date: 8/31	Date: 8/31	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1
Evaluation	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Week 1 – You completed the online self-study portion of lab satisfactorily and actively participated in all in person lab components. You were able to demonstrate your knowledge and skills related to the Maternal Child Nursing lab areas covered. Keep up the good work! KA/MD/BS

Head-to-Toe Check-off – You satisfactorily demonstrated a head-to-toe assessment on the manikin without difficulty. KA/MD/BS

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2022
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation											
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)
	Date: 9/20 & 9/21	Date: 10/3	Date: 10/11 & 10/12	Date: 10/17	Date: 10/18 & 10/19	Date:	Date: 11/1 & 11/2	Date: 11/8	Date: 11/15 & 11/16	Date: 11/30	Date: 11/30	Date: 12/6
Evaluation												
Faculty Initials												
Remediation: Date/Evaluation/Initials												

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2022
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____