

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Maternal Child Nursing – 2024**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

**Faculty:** Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;  
CNE; Rachel Haynes MSN, RN, Brian Seitz, MSN, RN

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. 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, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

7/18/24 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 faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

### **OTHER**

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

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

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<b>SATISFACTORY CARE MAPS</b>		
<b>Date</b>	<b>Priority Nursing Problem/Diagnosis</b>	<b>Faculty's Initials</b>

<b>Objective</b>																		
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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	<del>N/A</del> S	<del>N/A</del> S	S													
b. Provide care using developmentally appropriate communication.		NA	NA	<del>N/A</del> S	S													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	<del>N/A</del> S	<del>N/A</del> S	S													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	S	S													
<b>Clinical Location Age of patient</b>		NA	LC, ages 1, 2, 2-3 days	Hearing/Vision <small>0th/1st</small>	OB/Fisher Titus, 1 Day													
		RH	RH	RH														

**Comments:**

Week 3 e: Stage of growth and development for this clinical experience would be trust vs mistrust. Reason is that the baby is affected greatly by bonding and breastfeeding and if those go wrong, baby could be put into mistrust. If they go how they should, baby will be in trust. **Great job! RH**

Week 3: I changed 1a and 1c to "S" because you addressed this is your CDG this week. You were able to describe that since baby was born early, they were struggling with breastfeeding and what the lactation consultant was doing to assist that mom and baby (using a pump, using a nipple shield). RH.

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

Week 4 1e: The stage of growth and development for this age group would be identity vs. role confusion. That is because this group of individuals is seeking their sense of self and what they need to do to accomplish that. **Good job identifying the correct stage. RH**

**Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA**

Week 5 1e: Stage of growth and development for babe would be trust vs mistrust. He was just born and the care he is receiving is crucial to trust vs mistrust.

<b>Objective</b>																		
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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	S													
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	S													
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	S													
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	S													
j. Identify various resources available for children and the childbearing family.		NA	S	NA	S													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	S	S													
l. Respect the centrality of the patient/family as core members of the health team.		NA	S	NA	S													
		RH	RH	RH														

**Comments:**

Week 3: Good job providing mom with a pump and nipple shield to assist with latching and milk production. Both of these resources are specific to what mom needed due to what was assessed during the lactation consultant visit. RH  
 Week 4– 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture. KA

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		NA	S	NA	S													
b. Perform nursing measures safely using Standard precautions.		NA	N/A S	NA	S													
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	N/A S	S													
d. Practice/observe safe medication administration.		NA	NA	NA	NA													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA													
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	N/A S	NA	S													
<b>g. Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*</b>		NA	S	S	S													
		RH	RH	RH														

**Comments:**

Week 3 2g: Social determinant of health and something I was able to witness firsthand is parental education level. Baby may not receive the necessary care if mom/dad do not have the knowledge on what that is. **Good observation. RH**

Week 3: I changed 2b to “S” due to you using proper standard precautions when caring for mom and baby (hand sanitizer, gloves). I also changed 2f to “S” because you were able to gather information from mother and babe to see what education needed to be provided and it influenced your plan of care. **RH**

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

Week 4 2g: A social determinant of health for this age group may be transportation. This age group, some of them are not able to drive or be their own transportation, so this may result being a determinant of health if dependent on someone else for this. **Most were also minors and would need a parental consent, even if they were to drive themselves to healthcare appointments. RH**

**Week 4 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other’s questions and worked as a cohesive unit. Nice job! KA**

Week 5 2g: Drug abuse is the social determinant of health. Drug abuse from mom may result in babe not getting the proper care.

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing 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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		NA	S	S	S													
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	S	S													
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	S	S													
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	S	S													
		RH	RH	RH														

**Comments:**

Week 3 3d: An example of an ethical issue for a newborn baby could be the newborn screenings. Parents can be worried for potential consequences of these screenings when in fact it is best for the baby to receive all of them. **This is such an important educational topic for prenatal appointments as well as after baby is born. Sometimes the parents are not sure of what everything is because it is so much information, but repetition is key. Making sure they understand the importance of these screenings and why they must be done. RH**

Week 4 3d: A potential legal issue for this group of individuals would be truancy. This group has a tendency to miss class more than other age groups and if enough is missed, it can turn into a legal issue. **Good thought process! I never think about truancy, but it can become a problem if it happens too frequently. RH**

Week 5 3d: An ethical issue for babe that had drugs in his system could be how the baby is treated. Should the baby receive morphine? Should babe let the symptoms work themselves out? There are people who think a drug like morphine shouldn't be given to a baby but sometimes it may be best if dosed correctly.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment 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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	S													
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	<del>NA</del> S	S													
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	S													
d. Provide patient centered and developmentally appropriate teaching.		NA	S	S	S													
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S													
		RH	RH	RH														

Week 3: You did a great job describing the type of patient centered care provided to the mother and baby during your lactation visit. Listening to the mother and trying to fix what the issue was with the baby latch but also with her milk production. RH

Week 4 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA

Week 4 – 4d – You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

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); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

### Reference

An in-text citation and reference are required.  
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.  
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points  
45-35 points = Satisfactory  
34-23 points = Needs Improvement\*  
< 23 points = Unsatisfactory\*  
**\*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

**\*\*\*Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. \*\*\***

**Faculty/Teaching Assistant Comments:**

**Total Points:**

**Faculty/Teaching Assistant Initials:**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment 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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S													
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA													
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S													
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S													
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S													
		RH	RH	RH														

**Comments:**

Week 3: you mentioned previously that there was some educational differences from mother. Noticing this and using it to assist with how we educate and what resources we provide them with is important so we are sure they are understanding what is going on. RH

<b>Objective</b>																		
5. Collaborating professionally with members of the health care team, childbearing 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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	S	S													
b. Evaluate own participation in clinical activities.		NA	S	S	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	S	S													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA													
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	S	S													
		RH	RH	RH														

**Comments:**

Week 3: lactation comment- Attentive, asked good questions. Marked excellent in all areas. Hannah Alexander RN, CLC

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	S	S	S													
b. Accept responsibility for decisions and actions.		NA	S	S	S													
c. Demonstrate evidence of growth and self-confidence.		NA	S	S	S													
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	S	S													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	S	S NI	S													
f. Describe initiatives in seeking out new learning experiences.		NA	S	S	S													
g. Demonstrate ability to organize time effectively.		NA	S	S	S													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	S	S													
i. Demonstrates growth in clinical judgment.		NA	S	S	S													
		RH	RH	RH														

**Comments:**

Week 2: 6e- this was marked as "U" due to your tool being turned in late. Please address this "U" and how you will prevent getting another "U" in the future. If this is not addressed, it will remain a "U" until it is addressed. RH

Week 2 6e: This U was due to a late submission. I will prevent another U in the future by not turning in my clinical tool past the deadline. I apologize for the late submission and will make sure it doesn't happen again. RH

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

Week 3 6a: An area of improvement would be to try and talk to the patients more. I had questions that I wanted to ask but I saved them all for the lactation consultant because I didn't know how they would respond/feel for me to ask them questions. The lactation consultant answered them for me; however, I will try to be more outspoken in the future and talk directly to the patient. **This can be a difficult thing to do because the patient is vulnerable at this time and it can be uncomfortable for us to ask questions in front of them. I like to remind students that sometimes a patient will have a question and be too afraid to ask, so when we ask questions, it can make them feel more comfortable, or it could be a question that they have as well.** RH

Week 4 6a: An area for improvement this clinical experience would be to stay more organized. I lost the eye cover at least 5 times throughout the clinical. I will keep my necessities within arm's reach next clinical so I have what I need. **Good goal.** RH

**Week 4 – 6e – Trenton, you attended clinical in professional attire, however you were expected to wear khakis versus the grey dress pants you showed up in. Please pay more attention to detail in the future and ask questions if you need clarification. You will be expected to wear khakis with your jacket and white t-shirt in the future at the designated community site on your clinical schedule.** KA

Week 5 6a: An area of improvement for this clinical would be more preparation. I didn't get much sleep or go to bed a decent time so I was a little groggy but I will be sure to get to sleep at an earlier time with such a long day in the future.

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

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2024  
Skills Lab Competency Tool

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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)	Breast Self-Exam (*1, 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: 8/20	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/22	Date: 10/21
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

\* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2024  
Simulation Evaluations

<b>Simulation Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Simulation</b>												
	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)	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 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	<b>Date:</b> 9/12 & 9/19	<b>Date:</b> 9/23	<b>Date:</b> 9/26 & 10/3	<b>Date:</b> 10/7	<b>Date:</b> 10/17 & 10/18	<b>Date:</b> 10/24 & 10/31	<b>Date:</b> 11/4	<b>Date:</b> 11/5 & 11/6	<b>Date:</b> 11/15	<b>Date:</b> 11/19	<b>Date:</b> 11/22	<b>Date:</b> 11/22	<b>Date:</b>
Evaluation													
Faculty Initials													
<b>Remediation:</b> Date/Evaluation/Initials													

\* Course Objectives

Comments:

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2024**  
**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: \_\_\_\_\_Trenton McIntyre 9/18/24\_\_\_\_\_