

**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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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials

<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>		S	NA	NA	NA													
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA													
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	NA													
<b>Clinical Location Age of patient</b>		FRMC OB 1Dav	NA	Empathy Bellv	Boys and Girls Club													
	KA	KA	MD	MD														

**Comments:**

E1: Trust stage. In this stage the infant will trust or mistrust the basic needs of life such as nourishment, and affection. Nice job identifying the correct stage. Make sure to state the complete stage first i.e. trust versus mistrust, then state which end your patient falls under. KA

Week 2 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a nice job completing your newborn assessment for the first time. KA

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

Week 2 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA  
Week 2 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

<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>		NA	NA	NA	NA													
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	NA													
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	NA													
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA													
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		S	NA	NA	NA													
j. Identify various resources available for children and the childbearing family.		S	NA	NA	NA													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	NA	NA													
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	NA													
	KA	KA	MD	MD														

**Comments:**

Week 2 – 1i – You did a nice job identifying which stage of bonding your mother and baby couplet were in and providing an example you observed while on clinical. 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.		S	NA	NA	NA													
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA													
d. Practice/observe safe medication administration.		S	NA	NA	NA													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA													
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA													
<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>		S	NA	NA	NA													
	KA	KA	MD	MD														

**Comments:**

Week 1 SDOH- Poor latching/lack of knowledge. The baby was having trouble breastfeeding which could lead to poor nutrition if not substituted with formula. The family wasn't able to get d/c until they could properly feed the child. **KA**

**Week 2 - 2c - You did a wonderful job completing the car seat challenge on your patient and collecting vital signs every 15 minutes throughout the procedure. KA**

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

Week 2 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer both PO and IM medications to the postpartum mother. KA

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.		S	NA	NA	S													
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	NA													
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	NA	S													
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	NA	NA	NA													
	KA	KA	MD	MD														

**Comments:**

Week 1 Legal- An ethical issue I observed was an underage girl expecting a child was forced by her mother to come in the hospital to get tests done for the baby when the patient didn't want them. After she arrived to the OB department she refused tests such as an EKG. The girl wasn't even 30 weeks pregnant yet so she didn't see the need for all the tests, but she still is a minor who is under the care of her mother. **Great example of autonomy and nonmaleficence. KA**

<b>Objective</b>																		
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	NA													
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		S	NA	NA	NA													
c. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	NA													
d. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	NA													
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA													
	KA	KA	MD	MD														

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>	Complete			Not complete		

### 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)		U	U	NA	NA													
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	U	NA	NA													
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	U	NA	NA													
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	U	NA	NA													
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		U	U	NA	NA													
	KA	KA	MD	MD														

**Comments:**

Week 2 – 4f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3 Objective 4-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

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



Objective																		
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.		U	U	S	S													
b. Evaluate own participation in clinical activities.		U	U	S	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		U	U	NA	S													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	U	NA	NA													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	U	NA	NA													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	U	NA	NA													
g. Consistently and appropriately post comments in clinical discussion groups.		U	U	S	S													
	KA	KA	MD	MD														

**Comments:**

Week 2 – 5 a, b, c, d, e, f, g – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 2 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You assisted with a baby bath and completed a car seat challenge on your patient. KA

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

Week 2 – 5e – You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

Week 2 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift and ensured they had the necessary information to continue to provide the appropriate care to the newborn. KA

Week 2 – 5g – You satisfactorily completed all CDG questions on your OB experience this week. You did a nice job sharing your experience and viewpoint and supported your post with an intext citation and a reference. Keep up the nice work! KA

Week 3 Objective 5-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

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)*		U	U	S	S													
b. Accept responsibility for decisions and actions.		U	U	S	S													
c. Demonstrate evidence of growth and self-confidence.		U	U	S	S													
d. Demonstrate evidence of research in being prepared for clinical.		U	U	S	S													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		U	U	S	S													
f. Describe initiatives in seeking out new learning experiences.		U	U	S	S													
g. Demonstrate ability to organize time effectively.		U	U	S	S													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		U	U	S	S													
i. Demonstrates growth in clinical judgment.		U	U	S	S													
	KA	KA	MD	MD														

**Comments:**

Week 2 – 6a, b, c, d, e, f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3 Objective 6-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

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

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

Week 4 Improvement- I can improve my clinical tool by not missing objectives next week and keeping up to date on all these necessary. This is a really good improvement!  
Good job! MD

Week 5 Improvement- I can improve on my communication with kids by initiating conversation more often throughout clinicals and real world situations.

**\*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</b> <b>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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency</b> <b>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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	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: 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)	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)
	Date: 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 9/10
Evaluation													S
Faculty Initials													MD
Remediation: Date/Evaluation/Initials													NA

\* Course Objectives

Comments:

**Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation**

STUDENT NAME:

OBSERVATION DATE/TIME:

<b>REFLECTING: (6)*</b> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: <b>E</b></li> <li>Commitment to Improvement: <b>E</b></li> </ul>	A	D	B	
	A	D	B	

You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.  
  
 Great job.  
  
 I enjoyed seeing your pregnancy photo!

<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Simulation Objectives:</b></p> <ol style="list-style-type: none"><li>1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*</li><li>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</li><li>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</li></ol> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Comments</b></p> <p><b>You are satisfactory for this simulation.</b></p>
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\*Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
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**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: \_\_\_\_\_