

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Maternal Child Nursing – 2025**

**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;  
Rachel Haynes 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 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

7/11/25 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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Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor 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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
<b>Competencies:</b>		S	N/A	S	N/A													
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	N/A													
b. Provide care using developmentally appropriate communication.		S	N/A	S	N/A													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	S	N/A													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	S	N/A													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A													
<b>Clinical Location Age of patient</b>		FT ER: 1-1-1-1-1-1-1-1-1-1	N/A	FT OB: 38F, 1 day infant	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: All, H&V: 1A, B, E BG Club: 1B, E Flu: All

**Comments:**

Week 2: At 15 years old, the patient is in Erikson's stage of Identity vs. Role Confusion (Adolescence, ages 12–18). During this stage, individuals are developing their sense of self and personal identity. The patient's heightened worry about possible illness may reflect the adolescent struggle to understand health, independence, and how family medical history might shape his own identity. Support, reassurance, and education are especially important to help him feel empowered and develop a healthy sense of self in relation to his health and family background. **Great job! RH**

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

Week 4: My patient is in the stage of Generativity vs. Stagnation, which occurs during middle adulthood (ages 35–65). In this stage, individuals focus on guiding the next generation, raising children, and contributing to family and society. The patient demonstrates aspects of generativity through her role as a mother of three children and her engagement in family bonding, as seen when she involved her husband and older children in caring for the newborn. Supporting her recovery and adaptation to motherhood helps her continue progressing through this developmental stage successfully rather than experiencing stagnation, which can result in self-absorption and lack of fulfillment.  
Good job! RH

Week 4: 1(a-d)- This week you were able to provide care and communicate with your patients using developmentally appropriate techniques. You were able to care for and communicate with a postpartum mother as well as care for them and their newborn. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room. RH

<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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		N/A	N/A	S	N/A													
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		N/A	N/A	S	N/A													
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		N/A	N/A	S	N/A													
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		N/A	N/A	S	N/A													
j. Identify various resources available for children and the childbearing family.		N/A	N/A	S	N/A													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	S	N/A													
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: 1K, L H&V: 1J, K BG Club: 1K Flu: 1 K, L

**Comments:**

Week 2: 1(l)- You did not respect the patient's choices or family members choices regarding their care or provide patient centered care? If you did do these things, please change L to an "S" RH

Week 4: 1(f-i) We discussed the changes in a woman's body during pregnancy. We discussed the benefits of skin to skin and bonding with newborn and mother. We were able to discuss some of the prenatal choices one of the mothers made that could have had an impact on her newborn, such as being small for gestational age. RH

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

Week 4: 1(k, l)- You were able to provide care while also valuing the patient's values and beliefs. We discussed circumcisions and the choice both mothers made to circumcise their children while in the hospital. RH

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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Engage in discussions of evidenced-based nursing practice.		S	N/A	S	N/A													
b. Perform nursing measures safely using Standard precautions.		S	N/A	S	N/A													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	S	N/A													
d. Practice/observe safe medication administration.		S	N/A	S	N/A													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	N/A													
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	S	N/A													
g. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting) <b>(List Below)*</b>		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: All H&V: 2B, C, G BG Club: 2G Flu: 2B, C, D, F, G

**Comments:**

Week 2: For this patient, several SDOH may be relevant. Health literacy is an important factor, as his concern about “diabetes” shows some misunderstanding about disease processes and the influence of family history. Access to healthcare also plays a role, since his presentation in the ER for gastrointestinal symptoms may suggest limited access to or use of primary care services. Family support is another key determinant, as his worry stemmed from his brother’s diagnosis of diabetes, showing the family’s

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

influence on his perception of health and illness. Finally, age and developmental stage influence how he interprets symptoms and expresses anxiety about them. **Great list! RH**

Week 4: This 38-year-old postpartum patient demonstrates several social determinants of health that influence her care. Her advanced maternal age and history of pregnancy losses increase her risk for complications, while her elevated WBC and low RBC require medical follow-up and initiation of ferrous sulfate. Family support is a strong protective factor, as her husband and older children are actively involved in bonding and newborn care. Cultural and personal choices, such as her decision to bottle-feed, must be respected while ensuring she receives education on safe infant feeding practices. Socioeconomic factors, including access to healthcare, medications, and follow-up, play a role in her recovery and long-term outcomes. Nursing care should respond by monitoring her labs, pain, and lochia, providing education, and assessing emotional well-being, especially since her withdrawn demeanor could reflect fatigue or stress. Reflecting on her case, her strong family support and access to care are strengths, but her medical history and anemia highlight the need for continued nursing vigilance. **This is a great list of SDOH for your patient, great job RH**

Week 4: 2(a, b, c, f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the newborn in the nursery getting an IV. You performed safety measures when checking bands with the mother and newborn when returning the newborn to the room from the nursery. You were able to perform a newborn assessment with some assistance from faculty and had no issues asking for help when needed. RH

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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Act with integrity, consistency, and respect for differing views.		S	N/A	S	N/A													
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	N/A	S	N/A													
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	S	N/A													
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: All H&V: All BG Club: All Flu: All

**Comments:**

Week 2: A legal issue observed within the ER on clinical was a patient's family member getting aggressive towards the nurse when trying to initiate IV access on their family member. The started to stand up and raise their voice while yelling at the nurse which led to security being called to try to deescalate the situation. The family member was removed, and nurses aided the patient in keeping her comfortable while access was obtained and blood draws were taken. Another would be a patients views on radiology and ultrasound and feeling her views that they will harm there body. While education was done to inform the patient of the reasoning behind the scans, the patients wishes were overall respected. **I am glad the hospital was able to handle the situation with an aggressive family member and protect the patient and the staff. RH**

Week 4: An ethical and legal issue I observed was a patient self-administering her own medications, including baby aspirin and prenatal vitamins, while admitted. This practice bypasses the hospital's MAR. If an emergency occurred, the care team might not know exactly what the patient had taken, creating safety risks. Nurses have a duty to protect patients while respecting their autonomy, so education should be provided about the importance of using only hospital-supplied medications, with all drugs verified and documented by staff. **If the hospital formulary does not have a medication in stock, it is a common practice to have a patient take their medications from home, however, those medications are locked up and not freely in the patient room like we saw. RH**

Week 4: 3(a-c)- You did a great job acting with integrity and respecting differing views, maintaining HIPAA, and following the Student Code of Conduct.



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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	N/A	N/A	N/A													
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	S	N/A													
c. Summarize witnessed examples of patient/family advocacy.		S	N/A	S	N/A													
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	S	N/A													
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: 4A, C, D, E H&V: 4B, D BG Club: 4D Flu: 4B, D

**Comments:**

Week 2: 4(d)- Please note that this is yellow and should be addressed with each clinical experience. Refer to the email sent by Monica on 9/3/2025. It will not be a U for this clinical experience, but will be for the remainder of the semester. RH

Week 4: Because the patient is in the taking-in phase, teaching should focus on providing reassurance and meeting her immediate needs for rest and recovery rather than overwhelming her with too much information. Emotional health is an important priority at this stage, so she should be encouraged to communicate her feelings, accept support from her husband and family, and be aware of signs of postpartum depression or anxiety. Since she has chosen bottle-feeding, teaching should include safe formula preparation, proper feeding techniques, and recognizing infant hunger and satiety cues, while respecting her choice and supporting her bonding with the newborn. The massive hormone shift at this time can cause emotions to be all over the place, this is a great education topic for a new mom. RH

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

Week 4: 4(b, c)- You were able to document the newborn assessment you performed and compared it to the student nurse who also performed the newborn assessment with you. Documentation was also completed on the postpartum mother you assessed. You were able to witness some postpartum mothers advocate for themselves when they wanted to breastfeed or bottle feed their newborn. The staff on the unit were supportive with whichever choice the mother made. RH

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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		S	N/A	S	N/A													
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	S	N/A													
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	S	N/A													
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	N/A													
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: 4F, G, H H&V: N/A BG Club: N/A Flu: N/A

**Comments:**

Week 2: 4(f, g, h)- You did a great job of discussing the diagnostic tests, pharmacotherapy, and medical treatment provided to your patient in your CDG post this week. Did the healthcare provider or nurse offer education on a potential health anxiety diagnosis? Based on your CDG it sounds like this patient may have some symptoms and could benefit from some therapy for treatment. RH

Week 4: 4(h-j)- During the clinical day you were able to discuss various diagnostic test, medications, and medical treatment that your patient and other patients on the floor were receiving related to their delivery/birth. You were able to correlate the need for respiratory monitoring on the newborn who had a CPAP applied immediately after birth and how this changed the care for the newborn for a certain timeframe. 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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		S	N/A	S	N/A													
b. Evaluate own participation in clinical activities.		S	N/A	S	N/A													
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	S	N/A													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	S	N/A													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	S	N/A													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	N/A	S	N/A													
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: 5A, B, C, F, G H&V: 5A, B, C BG Club: 5A, B Flu: 5A, B, C

**Comments:**

Week 2: 5(a)- Marked satisfactory in all areas. "Participates in care. Asks questions." Natalie Gilbert, RN

Week 4: 5(a, b, c, g)- This week you showed excitement about being able to see the c-section from the viewing window. You did great with the newborn assessment and needed minimal prompting. You were able to professionally communicate with the staff on the unit. RH

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



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
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	N/A	S	N/A													
b. Accept responsibility for decisions and actions.		S	N/A	S	N/A													
c. Demonstrate evidence of growth and self-confidence.		S	N/A	S	N/A													
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	N/A													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	N/A	S	N/A													
f. Describe initiatives in seeking out new learning experiences.		S	N/A	S	N/A													
g. Demonstrate ability to organize time effectively.		S	N/A	S	N/A													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	N/A	S	N/A													
i. Demonstrates growth in clinical judgment.		S	N/A	S	N/A													
	RH	RH	RH	RH														

\*\*Evaluate these competencies for the offsite clinicals: ER: All H&V: All BG Club: All Flu: All

**Comments:**

Week 2: An area for improvement from this week would be to review on injections and medication administration or IV fluids. While I do remember the process it well better serve patients to refresh and reeducate myself on the material. This can be done by reviewing ATI as well as using the book to go over previous learning with administration of IV, IM, and subQ medications. We are also willing to open the skills lab anytime if you want to practice skills or work with the IV tubing/pumps. RH

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

Week 4: An area for improvement I identified is strengthening my knowledge and confidence in performing the BUBBLELE assessment for the postpartum mother as well as the newborn assessment. To meet this need, I plan to review the assigned videos and learning resources, practice applying the steps during clinical, and seek feedback from my instructor to ensure I am thorough and accurate. My goal is to become more efficient and systematic in conducting these assessments so I can identify normal findings versus potential complications and provide safe, patient-centered care. I plan to focus on this goal within the next week to better prepare myself for my upcoming simulation. **This is a great goal for clinical and simulation, great idea. RH**

Week 4: 6(c, e, f, g)- You were able to watch the c-section from the window and asked questions throughout the procedure to enhance your learning. You maintained professional behavior while on clinical throughout the day. During the clinical day, you asked good questions to further your knowledge of the pregnant and postpartum patient. You were able to organize you time efficiently to care for your patient as well as see births during the day. RH

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

Student Name:		Course 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)*					
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		
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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		
Reflecting	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:**

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2025  
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 (*1, 2, 3, 6)	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 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* 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: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 10/20
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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

\* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2025  
Simulation Evaluations

<b>Simulation Evaluation</b> Performance Codes: S: Satisfactory U: 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 3 (*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> <b>9/18</b>	<b>Date:</b> <b>9/22</b>	<b>Date:</b> <b>10/2</b>	<b>Date:</b> <b>10/6</b>	<b>Date:</b> <b>10//17</b>	<b>Date:</b> <b>10/30</b>	<b>Date:</b> <b>11/3</b>	<b>Date:</b> <b>11/5</b>	<b>Date:</b> <b>11/18</b>	<b>Date:</b> <b>11/18</b>	<b>Date:</b> <b>11/21</b>	<b>Date:</b> <b>11/21</b>	<b>Date:</b>
	Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			
Scenario Evaluation													
Survey													
Faculty Initials													
<b>Remediation:</b> <b>Date/Evaluation/</b> <b>Initials</b>													

\* Course Objectives

Comments:

The student has satisfactorily completed the assigned vSim and met the established objectives by obtaining at least 80% on the scenario (including SBAR), and post-simulation quiz by the due date and time.

vSim Objectives

9/22/2025 vSim Maternity Case 1

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)\*
2. Recognizes signs and symptoms of severe preeclampsia (hypertensive disorders). (1, 2)\*
3. Communicates severe preeclampsia to the interprofessional team. (1, 2, 3, 5)\*

4. Administers prescribed antihypertensive medication (magnesium sulfate). (1, 2, 3, 5)\*
  5. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)\*
- \* Course Objectives

10/6/2025 vSim Maternity Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)\*
  2. Recognizes signs and symptoms of umbilical cord prolapse. (1, 2, 5)\*
  3. Performs emergent nursing management strategies for umbilical cord prolapse. (1, 2, 3, 4, 5)\*
  4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)\*
- \* Course Objectives

11/3/2025 vSim Pediatric Case 3

1. Identify and describe patient history, physical assessment findings, and diagnostic information related to dehydration.
2. Prioritize and implement evidence-based nursing interventions that are culturally and situation appropriate for the pediatric patient.
3. Implement clinical orders, patient safety measures, and provide education using therapeutic and confidential communication for the pediatric patient and family members.

\*Course Objectives

11/18/2025 vSim Pediatric Case 1

1. Select physical assessment priorities based on individual patient needs. (1, 2)\*
2. Recognize signs and symptoms of seizure activity. (1, 2)\*
3. Demonstrate appropriate nursing interventions for a patient experiencing a seizure. (1, 2, 3, 4, 5, 6)\*
4. Demonstrate therapeutic communication skills when interacting with children and their families. (1, 3, 5, 6)\*
5. Discuss how social determinants of health can influence the management of a chronic illness. (2, 3)\*

\* Course Objectives

11/21/2025 vSim Pediatric Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)\*
2. Identifies developmentally appropriate and culturally competent nursing interventions based on patient care needs. (1, 2, 4)\*
3. Prioritizes patient safety measures and appropriate nursing interventions for a patient with an acute sickle cell pain crisis. (1, 2, 3, 4, 5)\*
4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)\*

\* Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2025**  
**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: \_\_\_\_\_