

**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.

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
8/28/2025	Risk for Postpartum Hemorrhage	Satisfactory/MD	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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		
Competencies:		S	NA	NA	S													
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S													
b. Provide care using developmentally appropriate communication.		S	NA	NA	S													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	S													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	S													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	S													
Clinical Location Age of patient		Firelands OB, Mom 32, baby	No clinical	No Clinical	ER, 42 yr male													
	MD	MD	MD	MD														

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

Comments:

1E. Trust vs Mistrust. I chose this for the stage of development because the baby is still in the newborn stage, and they are being provided with basic needs from their mom, such as heat, food, etc. This allows the baby to develop trust toward the mother and create a bond. **Absolutely! This is so important! MD**

*End-of-Program Student Learning Outcomes

Week 2: 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 laboring mother and postpartum mother as well as care for them and a newborn. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room and the different fall risk scale that is used. RH

1E Week 4- I chose generativity vs stagnation. My patient was a 42-yr old male, who was very much experiencing stagnation. He did not want to take the proper meds to benefit his health, and if he would, it would lead to generativity. You could tell he wanted to not have health issues, but refused to do the proper care to prevent these issues from occurring.

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		S	NA	NA	NA													
g. Discuss prenatal influences on the pregnancy. Maternal		S	NA	NA	NA													
h. Identify the stage and progression of a woman in labor. Maternal		S	NA	NA	NA													
i. Discuss family bonding and phases of the puerperium. Maternal		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	S													
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	S													
	MD	MD	MD	MD														

**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(f-i) We discussed the changes in a woman's body during pregnancy as well as looked at some charting from the OB/GYN office to discuss prenatal care during clinical. The nurses on the unit were able to point out which stages of labor the laboring patients were in. We also discussed the benefits of skin to skin and bonding with not only the mother, but the father as well. RH

Week 2: 1(j, k, l)- We were able to identify various resources that are provided to the family at the entrance of the unit at the ward clerk desk. It was also pointed out that all these resources are given to mothers upon discharge. 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

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

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	NA	NA	S													
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	S													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	S													
d. Practice/observe safe medication administration.		S	NA	NA	S													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA S	NA	NA	S													
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	S													
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	NA	NA	S													
	MD	MD	MD	MD														

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

Comments:

2g. I factor I observed with my patient was her financial instability. While talking with her, she has 4 kids at home prior to her newborn. She was stating the challenges of being a single mom for a while, and how even with her boyfriend, it is still hard to split finances. This could play a role in her healthcare as she may not be able to afford checkups, medications, screenings, vaccinations, or doctor appointments.

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

Week 2: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the newborn in the nursery with the 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 medication administration while on the postpartum unit. You were able to perform a postpartum assessment with some assistance from faculty and had no issues asking for help when needed. RH

Week 2 Objective 2E- This week on clinical you administered medications. Even though you administered Tylenol you still did a dosage calculation to determine how many pills to give the patient. You are receiving a satisfactory rating for this competency. MD

Week 4 2g: My patient lacked access to healthcare because he is a caregiver for his Dad, which does not allow him to keep up on his health. This would fall under the social and community context of SDOHS. Due to my patients schedule from caregiving, it made it hard for him to do self-care, keep up on medications, or be seen by a provider.

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	NA	NA	S													
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	S													
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	S													
	MD	MD	MD	MD														

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

Comments:

3d. One legal issue I observed in clinical was the fact the boyfriend had to sign an affidavit to claim his paternal rights of the child since they were not married. I wasn't even aware this was a thing, as I figured all he'd have to do is sign the birth certificate. Before that can be done, the father has to sign the affidavit. **Absolutely! There are so many legal items that go along with birth certificates! MD**

Week 2: 3(a-c)- You did a great job acting with integrity and respecting differing views, maintaining HIPAA, and following the Student Code of Conduct. RH

Week 4 3d: One legal issue I got to observe was watching people call the ER desk PCT asking about how their person was doing after admission. It was not an easy job, as you have to be careful about who you release information to about the patient. Due to HIPPA, you cannot release medication information unless the patient has given permission, and in an emergent setting it is quite difficult to get permission from the patient themselves.

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	NA	NA	S													
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	S													
d. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	S													
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	S													
	MD	MD	MD	MD														

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

Comments:

Week 2: 4(b, c)- You were able to chart your head to toe assessment on a postpartum mother. We discussed as a group the couple who advocated for themselves while in the c-section who wanted to do skin to skin with the mother and father immediately following birth. RH

Week 4d: I felt like this applied to my ER clinical experience as I helped teach our A-fib patient why it is so important to take his ordered cardiac meds to help decrease his risk of a PE or an MI.

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

**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(h-j)- During the clinical day you were able to complete a care map that discussed the patient's diagnostic tests, medications, and medical treatment. We also were able to discuss nutrition when passing out meal trays to patients. RH

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
	8/22	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	NA	NA	S													
b. Evaluate own participation in clinical activities.		S	NA	NA	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	S													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	NA	NA	NA													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	NA	NA	NA													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	S													
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA	S													
	MD	MD	MD	MD														

**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, b, c, e, g)- This week you showed excitement about being able to see a vaginal delivery. You did great with the postpartum assessment. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your care map. RH

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

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

Comments:

6a. One area of improvement I would like to improve at is a newborn head to toe check off. I was able to witness one on clinical and help towards the end, but we had so many births during our clinical it interrupted my time to do a full one. To improve on this, I will try to do as many head to toe newborn check offs during my Fisher Titus OB clinical. **It is so hard to have clinical before receiving the content! We will do everything we can to get that experience for you! MD**

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

Week 2: 6(c, e, f, g)- 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

Week 4 6a: One area of improvement for clinical I'd like to have is priming IV tubing. I was able to do it on clinical, but it was definitely a refresher from last spring. To improve on this, I will recap videos provided by YouTube to refresh my IV priming skills until next clinical.

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

Student Name: Madison Wright			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: 8/28/2025 Risk for Postpartum Hemorrhage							
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)	3	Be sure to provide all information for the assessment pieces. For the fundus, you provided that it was firm but where was it located in the abdomen? Was it midline? How far from the umbilicus? Also, how long was the patient in labor? This would be significant for the length of time with the oxytocin infusion. Also, I would highlight the patient's G7/P4-this is significant in her hemorrhage risk. MD
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD *It is important to keep in mind to check for PRN medications for Postpartum Hemorrhage. I am aware they were not on your patient's chart, but just remember to be on the lookout. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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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	3	All criteria met. MD
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	The BP should have been taken more than once on the shift. Your BP is the same as the initial assessment. Also, the patient would have had a minimum of 2 sets of lab work drawn during admission. It is important to see the progression throughout the stay. If the labs are pending, you can state as such. MD
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required. **Completed MD**

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: 43/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2025
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (*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	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 8/20	Date: 10/20
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	
Remediation: 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 2025
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	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)
	Date: 9/11 & 9/18	Date: 9/22	Date: 9/25 & 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date:
	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		Pre-Quiz, Scenario, SBAR, and Post Quiz	
Scenario Evaluation													
Survey													
Faculty Initials													
Remediation: Date/Evaluation/Initials													

* 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: _____