EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: MARILYN MILLER

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

7/11/25 KA

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

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
9/9/26	Pain	S/RH	N/A	N/A

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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	S	S													
b. Provide care using developmentally appropriate communication.		S	NA	S	S													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	S	NA													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	S	S													
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	NA	S	S													
Clinical Location Age of patient		Fisher ER-52	No clinical	Firelands OB- 27	BG club-6-12													
	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:

1E: generativity vs stagnation. This Erikson's 7th stage, occurring between ages 40-65. During this time, individuals focus on contributing to the next generation and society, fostering positive changes that will outlast them. If this need isn't met, a person may feel self-absorbed or stuck, a state known as stagnation. This is correct! RH

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

1e- intimacy vs isolation. The 6th stage for ages 19-40. This stage is about forming intimate, loving relationships with other people. Those who are successful at this step will form relationships that are enduring and secure. Evidence to support that she is on the right track is that she has a husband, and now is having a baby; both two lifelong relationships and commitments. Great job! RH

Week 4 – 1a, c – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. You assisted your assigned nurse with providing care and monitoring for your patient who was a primipara in for an induction of labor at 39 weeks. KA

Week 5- The stage of Erikson's development the kids were in is stage 4: industry vs inferiority. School ages 6-12. Industry is their sense of worth and it's important that they have (which they did) opportunities to develop a sense of accomplishment and success followed by acknowledgement and praise. Few examples to show is that my station did a fire safety mini lessons and had the kids remind us how to do stop drop and roll because "we forgot." So many of them were so eager to show us how it's done. And of course, we gave praise like awesome job. Towards the end I played basketball with two kids. Let them take the lead (…and win) and said awesome defense! One kid wanted to put all the balls away. I said do you need help he said no he's got it. He was very much so struggling trying to carry three large basketballs, and they fell but we gave him praise for trying to do it all on his own!

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

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**		NA	Na	S	NA													
g. Discuss prenatal influences on the pregnancy. **Maternal**		NA	NA	S	NA													
h. Identify the stage and progression of a woman in labor. **Maternal**		NA	NA	S	NA													
i. Discuss family bonding and phases of the puerperium. **Maternal**		NA	NA	S	NA													
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	S	S													
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	S	NA													
	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 of their care or the family members choices for the care of others? This should be an "S" if you were able to provide patient centered care. RH

Yes, I did respect the patients' choices of their care. I fixed it to Satisfactory. Thank you

Week 5 – 1h, l – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction even though you did not have the opportunity to see the delivery. You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

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

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

2G: SDOH are conditions in the places where we live, work, play. For my pt a work place injury occurred which caused her to almost loose her finger. Her job affected her health in this example. So, an example of a social determinate of health could be the lack of income related to this injury if she were off work or the fact that she has a steady income due to her job, good job! Make sure to be specific in what the social determinate of health you are identifying next time. RH

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

Week 4, 2G: an example of a SDOH would be the lack of income related to the woman being unemployed which I saw in her chart. Could be beneficial for the mother being with her baby and not have to worry about going to work or finding a babysitter, or this could take a toll on her husband if he is the only source of income. Good job listing both a positive and not so positive aspect of the same SDOH. RH

Week 5 – 2b, c, d, e – You were able to observe an epidural placement as well as peanut ball usage during the laboring process. You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. You were able to observe the administration of Pitocin to the laboring patient and how to calculate labetalol medication administration using the OB protocol. KA

WEEK 5 2G- An example of a positive SDOH in the social and community aspect would be how the boys and girls club provide a network of peers and supportive adult mentors. The quality of these relationships affects a child's social and emotional development, wellbeing, self-esteem, and stress levels. Maybe for some kids, we don’t know what they have going on at home, but this could be the best part of their day after school before they must return home.

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

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

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

Comments:

Week 2: Legal/ethical issues would be on whether or not we should have allowed the pt to leave the facility to go to Metro hospital with her IV in place. If metro did not admit her, the police would go find her. Having an IV still in place can be a liability/safety issue, she could do drugs to the IV also. This is a very risky thing to do, but oftentimes when transports are predicted to be extended times, the patient can sign that they are transporting themselves with all necessary documentation to allow for a transfer to another facility. If the patient was a drug seeker or had a history of substance abuse, they should have removed it prior to the patient leaving for the reason you stated. RH

Week 4, 3D: legal/ethical issue would be when I overheard one of the nurses saying that one of the mothers who was in labor (was a gravida 9 and para 5) was having her sixth baby and said if any complications happened, she would like to be DNR. Then the doctor said to the nurse something like "she'll be unconscious and Ill 'revoke it.'" I don't know if he was joking or if he is allowed to do that with a valid reason- considering the mother was in good health. There could be a mental health problem, with the father of this new baby being in jail, and I'm not sure if he is the father of the other three. But wanting DNR was questionable. We must respect patient autonomy but at the same time, it's not like she is 90 years old with a chronic or terminal disease where DNR would be reasonable. She's got long life ahead of her and 6 kids that need their mother. Oh this is very interesting, I wonder what prompted the mother to say this and if she actually meant it or if she was joking. That is a hefty topic of discussion on the L/D unit. RH

Week 4 – 3a, b, c – You were professional and considerate with all the care you provided. You made sure to keep patient privacy and follow HIPPA regulations through the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

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

Week 5- 3d: This wasn’t personally observed. But if there was a child that was coming in all the time, showing signs of neglect, I’m assuming they would have to report this I did research and found the boys and girls club policies and all staff are mandatory reporters of any suspected or known child abuse or negligence. Back grounds checks are also required for staff/volunteers which is good because in my research, I came across some heartbreaking reports of child abuse whether sexual or grooming within some boys and girls club branches.

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

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	S	NA													
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	S	NA													
c. Summarize witnessed examples of patient/family advocacy.		S	NA	S	NA													
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S													
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		S	NA	S	NA													
	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 2: 4(a, e)- You did a good job of identifying and explaining a plan of care for your patient in your CDG this week. RH

Week 4: 4D) yes, education was provided on the significance of emptying the bladder frequently because since she was dilating very slowly, a full bladder could actually make it harder for her baby to move down and for your cervix to open up. Great topic. RH

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

Week 4 -4b, d - You were able to observe the required documentation in the EMR for a patient in labor. You asked appropriate questions regarding documentation and how to locate information in the patient's chart. You observed the patient education that in provided to the laboring patient throughout the labor process and how it focused on the parents' concerns. KA

WEEK 5- 4D: Yes, education was provided on emergencies. My partner and I specifically had fire safety for our rotation. We educated on stop drop and roll, PASS acronym for a fire extinguisher, but only adults should use it. What to do when there's a fire: escape! And coming up with a safety plan, for example having a designated meeting spot with family, similar to the designated spots they have at school, whether that's at the mailbox, down the street, etc.

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	S	NA													
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	S	NA													
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	S	NA													
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	NA													
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	NA													
	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)- Great job elaborating on these in your CDG this week. I am impressed the digit was still attached after having this type of injury at work, usually the finger becomes severed and must be brought to the hospital in a bag separately in order to attempt reattachment. Such an interesting encounter for you! RH

Week 4 – 4f, g, h, I, j – You utilized information from your patient's chart as well as from your nurse's assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were knowledge on clinical and were able to discuss how these aspects interrelated and if you did not have an answer you looked the information up to assist you with making the connections. KA

***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**
	8/22	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	S	S													
b. Evaluate own participation in clinical activities.		S	NA	S	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	S	NA													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	NA													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	S	NA													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	S	NA													
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA	NA													
	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)- Marliyn Miller: Marked excellent and satisfactory in all areas. “Very helpful and eager to learn.” Natalie Gilbert, RN

Week 2: 5(b, c, f, g) Great job with your SBAR in your CDG this week. The only other item I would have included what time the antibiotic was given so the next facility could see what time the next dose was due and have it prepared. RH

2G week 4: I did a care map RH

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

Week 4 – 5a, c, d, e – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to see a cesarean delivery while on clinical this week! You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the appropriate care. You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

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

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

Comments:

6A) area for improvement is to work faster. The nurse I was with was super-fast, she had me prime the line so fast and hook everything so fast, I just like to take my time since it was my first day back. To improve, if we have a lab I will practice moving faster, and have all the steps solidified in my head so I can move faster by the next clinical. We are willing to open the lab at anytime if you want more practice with any type of skill. I will say ER nurses move quickly because they are used to doing so, it can be difficult to keep up at times and can take quite a bit of practice before being able to. RH

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

Week 2: 6(e)- This was changed to a “U” due to late submission of your tool this week. Please address this “U” and state how you will prevent getting another “U” in the future. This will remain a “U” until it is addressed. RH

This tool was turned in late because I thought it was due Friday at 2200 like the previous semesters. I have checked the syllabus and to prevent getting another U I marked in my calendar that everything clinical related (tools, surveys, and cdgs) are due Friday at 8am. It can be challenging to remember all the due date changes, glad you are able to change them in your calendar for the semester! Next semester it remains due on Friday at 0800 as well. RH

Week 4 6a) : area for improvement would be understanding the fetal heart rate and contraction monitors better. We didn’t learn it before I had this clinical, but I can be prepared for next time. I was with a nurse who was taking care of a mom in labor. Majority of the time we sat down and watched, and she would document every 30 minutes. It would have been better if I understood what everything meant. To improve for next clinical, I will study the accelerations and decelerations and what they mean as well as the normal frequencies and durations of contractions. You should have this in class either this week or next week with Monica teaching labor, but this will be great to do before your next OB clinical so you can read the monitor while there. RH

Week 4 – 6c, d, e, f, g, h, I – Your thought process and clinical judgment skills have grown from previous semesters. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

WEEK 5 6A) I had a great time; I love working with kids and never bothered with talking to them. I guess something I can always work on is patience. Sometimes it can get hectic when you’re trying to talk over kids and must get the kids to settle down. To improve on this, if there was ever a next time, I would redirect the kids by telling them approximately how much longer I’ll talk for; More so for the older kids. I’ll say things like I’m almost done guys, stick with me and then you can play! This might keep their attention for a little longer.

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

Student Name: M. Miller	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: 4	

	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	Great interpretation of the contractions on your patient.
	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	
	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	What specific vitals are you looking for when you say assess vitals? Which vitals are changing and how are they changing? (example- heartrate will increase if patient is in pain, temperature will be elevated if patient is beginning to have an infection.) You're not wrong to have all vitals
	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	assessed, but be specific when saying you will watch for changes, we want to know what changes you would anticipate based on your priority problem.

	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	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	
	15. Evaluation includes one of the following statements: • 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.
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: 45/45

Faculty/Teaching Assistant Initials: RH

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 & 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
Remediation: 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

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 & 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	
Remediation: 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

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: 9/18	**Date: 9/22**	**Date: 10/2**	**Date: 10/6**	**Date: 10//17**	**Date: 10/30**	**Date: 11/3**	**Date: 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		
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: _____