

**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

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.		N/A	S	N/A	S													
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	S													
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	S													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S NA	S	N/A	S													
Clinical Location Age of patient		No patient	Hearing & ...	No Clinical	FT ER													
		BS	BS	BS														

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

Comments:

1e, wk 2: The theory of psychosocial development continues throughout the lifespan. Each stage contains successful and unsuccessful outcomes. The ego identity, Stage 5, as ego identity grows stronger and can cause unhealthy interactions with self and others. **Hi Melisa, you only need to address the yellow competencies related to each of your clinical experiences. You do not need to address this on the weeks you have no clinical. BS**

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

1e, Wk 3: The stage I chose for Erikson's Stages of Development is Stage 4, Industry vs Inferiority. Because this fits in the age group we were taking care of as well as the fact that this age fights with feeling good about themselves because they are needing to be somewhat independent in school and fight to understand their place as they are doing so. **Good explanation. BS**

Week 3: 1(a-c)- You did a great job explaining the directions and helping students with both the hearing and vision screenings while using appropriate instructions for their developmental age. RH

Wk 5: 1e. Autonomy vs. Shame and Doubt I chose for Erikson's Stages of Development Stage 3. This fits the age of one of the patients we took care of because the little girl I was doing vitals on since all of the kids in this family came in to be seen due to illness, she asked me if the room attached to the room we were in was a restroom. I said yes, and she took off in there and the mom seemed surprised that the child asked and went in without any help. When she was finished, she asked me if she needed to wash her hands. I said, "Yes, please," and so she did. This was her wanting her independence to feel like the big girl she is turning into.

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

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

Comments:

Week 3: 1(k)- You were able to care for the students with developmentally appropriate interactions as well as notice the diversity of the student population. 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 NA	N/A	N/A	S													
b. Perform nursing measures safely using Standard precautions.		S NA	N/A	N/A	S													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S NA	N/A	N/A	S													
d. Practice/observe safe medication administration.		N/A	N/A	N/A	S													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A													
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	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	S	N/A	S													
		BS	BS	BS														

**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. Wk 2: Income, public safety, social environment, housing, education & race are SDOH that unfortunately can affect the care of patients depending on the caretaker. As nurses, we have the opportunity to heal the heart, mind, soul, and body of our patients, their families, and ourselves. They may forget your name, but they will never forget how you made them feel.

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

2g. Wk 3: Income, public safety, social environment, housing, education & race are SDOH that affect the care of the patients depending on their parents/caretaker. As student nurses, we have the opportunity to heal anything a young mind may be dealing with for the moment we are with them. Young children tend to listen & look up to adults. They may forget my name, but they will never forget how I made them feel. All it takes is a big smile! **Great outlook, Melisa! BS**

Week 3: 2(b, c)- You use proper hand hygiene when necessary while at this clinical as well as remained organized throughout the clinical. You were able to assist with making sure the charting papers were alphabetized while also continuing to screen children as they came into your area. **RH**

Wk 5, 2g: The SDOH for one of the patients I was assisting with would be Education Access and Quality. This person makes it a regular trip to come to the ER whenever he is in need of narcotics. One of nurses actually told me that depending on where this patient was on this day, determined if the doc would give the patient the narcotics IM or PO. I feel if the patient had more of an education, he would understand the harm these meds can do to the organs, etc in the body.

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

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

Comments:

3d. week 2. Patient's struggle with the depression, confusion, or hallucinations as a result of drugs, stress, guilt, and loss of self-esteem.

3d. Wk 3: If one of us student nurses' were to dismiss one of the children's views or opinions. This would be devastating to a young student trying to earn your acceptance. **Good point. BS**

3d. Wk 5: One example of legal and ethical issues I observed would definitely be the patient I described in my previous question. The reason this person is such a great example to use for these questions is because I do not feel he understands what he is doing. I truly believe the hospital is enabling his addiction. I would really love to hear an explanation as to why it is okay to give a patient a narcotic when the healthcare providers clearly know he is a seeker.

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)		N/A	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	S	N/A	N/A													
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	S													
d. Provide patient centered and developmentally appropriate teaching.		S NA	S	N/A	S													
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S													
		BS	BS	BS														

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

Comments:

4d, WK 2 Play is essential for children from birth through age 8. This fits in with our Lab competency class when learning about different stages of an infant and what they need and want to be satisfied.

4d. Wk 3: Play is essential for children from birth through age 8. This fits in with our clinical this week with elementary school-aged children and what they need and want to be satisfied. BS

Week 3: 4(b, d)- You were able to assist with the documentation process with the school nurse once all screenings were complete. She explained their process of how to retest students and how that would impact the data they report to the state each year. You educated the students on how to properly perform the screenings while at clinical. RH

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

4d. wk 5: We had a patient that did not understand why, when he was “in so much pain” and felt he needed immediate relief through a medication we told him would take around 30 mins to start helping with the pain from his bowel issues. He was placing his call light on every few mins until one of the nurses got fed up with it and pulled his call light plug out of the wall so he could no longer call for meds.

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

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

Comments:

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

**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 3: 5(a, b, c)- You remained positive and welcoming to all students throughout the clinical experience. You were able to professionally communicate with staff at the school as well as with the students who you were screening. 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	S	N/ A	S													
b. Accept responsibility for decisions and actions.		N/A	S	N/ A	S													
c. Demonstrate evidence of growth and self-confidence.		S NA	S	N/ A	S													
d. Demonstrate evidence of research in being prepared for clinical.		S NA	S	N/ A	S													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S NA	S	N/ A	S													
f. Describe initiatives in seeking out new learning experiences.		S NA	S	N/ A	S													
g. Demonstrate ability to organize time effectively.		S NA	N/A S	N/ A	S													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S NA	S	N/ A	S													
i. Demonstrates growth in clinical judgment.		S NA	S	N/ A	S													
		BS	BS	BS														

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

Comments:

6a. WK 2. I discovered I could use improvement in the area of self-confidence. This is important so that my future patients will see that they can trust my judgement when it comes to them. I will do this by not thinking or saying negative thoughts about myself, taking every opportunity to engage in positive situations, and appreciate the kindness that patients show when they believe you have taken good care of them.

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

6a. Wk 3: I discovered I could use improvement in the area of self-confidence. This is important so that my future patients will see that they can trust my judgement when it comes to them. I will do this by not thinking or saying negative thoughts about myself, taking every opportunity to engage in positive situations, and appreciate the kindness that patients show when they believe you have taken good care of them. **Confidence will grow over time, and it will take more and more to rattle you. You will face many situations where you question you will be able to handle it. But you get through, and you will carry that confidence into the next situation. Pretty soon, you aren't flustered when a new or unfamiliar situation presents itself, you might actually look forward to handling it! BS**

6a. Wk 5: An area I feel I could improve in is asking more questions to the patient's so I can gain trust with the patient's so they will speak more freely. How I will work to improve this is to practice in front of a mirror at home running a scenario that will allow me to practice to gain my confidence.

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"> Continue plan of care Modify plan of care Terminate plan of care 	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

Skills Lab Competency <u>Evaluation</u> 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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency <u>Evaluation</u> 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	BS	BS	BS	BS	BS	BS	BS	BS	BS	
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		
Scenario Evaluation	S												
Survey	S												
Faculty Initials	BS												
Remediation: Date/Evaluation/Initials	NA												

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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

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; C=Charge

STUDENT NAME(S) AND ROLE(S): Bower (C), Fahey (A), Linder (M)

GROUP #: 4

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. Notices rhythm on fetal monitor. Patient requests mountain dew and cheeseburger, states she is peeing a lot. Notices contractions on fetal monitor, and that they should not occur at 33 weeks. Recognizes UA with +THC, glucose, nitrates. Pain rated at 4/10.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Notices uterus is firming up in response to fundal massage.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets the need for FSBS. FSBS 225- interpreted as being high. Prioritizes need for fetal monitor. UA results interpreted as abnormal. Prioritizes education on the effects of marijuana.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving with fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Nurse enters room, identifies patient, begins assessment, VS. Inquires about past pregnancies. Urine sent to lab. Asks questions to determine past/present gestational diabetes. Educates mom about marijuana effects on fetus. Patient assisted to left side. Call to provider, orders received for IV fluid, Nifedipine, US to verify dates. Orders read back. Inquires about home safety. Nifedipine and acetaminophen prepared, patient identified, allergies confirmed, IV fluid initiated, acetaminophen administered. Call to HCP regarding nifedipine. Nifedipine administered.</p> <p>Patient identified. PPH noticed- (you should immediately massage fundus). Fundus massaged after delay. Mona asks for wife to be called. Call to provider to report bleeding, dizziness, boggy uterus. HCP asks how much blood lost. Weighs pad and calls back. Order received for methylergonovine. Methylergonovine prepared and</p>

	administered. Orders received. Methylergonovine explained to patient. Allergies confirmed, patient identified, methylergonovine administered. BP reassessed.
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 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)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

*Course Objectives	
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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: _____