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

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
9/19/25	Risk for Postpartum Hemorrhage	S KA	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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S												
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S												
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	NA												
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		NA	NA	S	S	S												
Clinical Location Age of patient		NA	NA	FT ER, 76	FRMC OB. 1 day	BG club, ages 6-12												
	KA	KA	KA	KA	KA													

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

Comments:

1.e. week 4: My patient is at the integrity versus despair stage of growth and development. This is the final of Erikson's stages where individuals look back on their lives and determine whether they feel satisfied or bitter. I chose this for my patient because her age, 76, places her at this age, as well as the way she was talking. I could tell that she was reflecting on her life and determining whether she felt she had integrity or was in despair because she kept making comments such as "I am such trouble," or "I've been here before, I am always here," with an upset attitude. She was looking at her life in a hopeless/bitter way of thinking that her aging part of life is a trouble to others KA

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

1e week 5: My patient's stage of growth and development for this week is trust versus mistrust because my patient is considered an infant at a day old. At this stage, the infant accomplishes Trust successfully by bonding with the parents through skin to skin, bonding, being sang to, etc. Nice job! KA

Week 4 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 6 1e: I spent time with children ranging from kindergarten through sixth grade (around ages 6-12), which puts them at Erikson's industry versus inferiority stage of development. These children are at this stage because the task needing mastered at this age range is sense of self-worth, also known as industry, which is mastered by interactions with family members, those within the classroom structure, and adults. If these individuals do not receive exposure to these types of interactions at this age, they will not be able to adequately develop a sense of self worth and therefore feel inferior.

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

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

Comments:

Week 5 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured their opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

***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.		NA	NA	S	S	NA												
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA												
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	NA												
d. Practice/observe safe medication administration.		NA	NA	S	S	NA												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA												
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	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)***		NA	NA	S	S	S												
	KA	KA	KA	KA	KA													

****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. week 4 A social determinant of health that could impact my patient's care is her mobility. She has limited mobility and was born with a birth defect of missing toes and clubbed foot. This determines the outcomes of her healthcare, being a SDOH, because her mobility issues could impair her ability to drive to doctors' appointments. Her birth defects and need to get assistive devices for ambulating could also be costly, and that with her not working could impair her ability to afford healthcare as well. KA

2g week 5: A social determinant of health my patient had this week was that she was told she was supposed to be kept with the same provider during her pregnancy, but that did not end up happening and she had to go to another provider. With the new provider, she was diagnosed with gestational diabetes but they were not wanting to see her

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

sugars when she tried to bring in a log of them. This is an SDOH that could impact her care because this poor way that she was treated could drive her to not want to seek medical care when needed in the future. Great catch in the patient's history. KA

Week 5 – 2b, c, d, e –You utilized appropriate precautions on the newborn who had not had their first bath. You did a wonderful job providing a baby bath to the newborn and monitored their temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to the newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You did not have the opportunity to administer medication this week but was able to observe the medication process. KA

Week 6 2g: A social determinant of health I noticed this week that could impact a child's health is that one of the children mentioned that he lives in a smoking household, his mom smokes around him. This could impact his health because exposure to smoking at a young age could lead to early development of respiratory conditions such as asthma, or even if he gets sick from school or elsewhere it could affect him more harshly if his lungs become compromised from exposure to smoking.

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

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

Comments:

3d. week 4 An example of a legal/ethical issue that I observed in the clinical setting is that a nurse gave a patient a medication without asking if the patient had allergies. This is an ethical/legal issue because if the patient were to be allergic to a component of the medication but didn't know because the nurse didn't ask, the patient could have adverse reactions for which the nurse would be held accountable. KA

3d week 5: An example of a legal/ethical issue I observed in clinical was a doctor that said "If she would lose some weight…" when he was talking about the progression of a patient's pregnancy and her husband was walking past right when the doctor said it. This is a legal/ethical issue because the patient's husband could have conveyed that statement as judgmental and reported the doctor for the way he was speaking about a patient. This is a great example of a concern. This example is why it is stressed to be mindful of when and where patients' information is discussed. KA

Week 5 – 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

Week 6 3d: An example of a legal/ethical issue I observed this week was through a conversation I had with a girl who told me she has been left home alone before and did whatever she wanted. This is a legal/ethical issue because the girl was a kindergartener and it is not safe to be home alone at that age, therefore the parents could get in trouble if something happened to the girl in this situation.

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

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

Comments:

4d week 4: An example of patient centered care and developmentally appropriate teaching I provided during this clinical was by educating my patient on safety when ambulating. I asked my patient if she uses a walker, cane or any assistive device when getting around at home, and she said no. I explained to her using nonmedical terms why it is important for her to begin using one of these devices to help her get around with her limited mobility and decrease the risk of falls. I allotted plenty of time for the education to make sure that my patient understood and that I was able to actively listen to anything she may have to say, without distractions. I ensured that this was developmentally appropriate and patient centered by asking her if she had any questions and asked if she understood what I was telling her, along with implementing the teach back method to verify that she understood KA

4d week 5: A way that I provided patient centered care this clinical and developmentally appropriate teaching was by educating parents of a new baby on the assessments we do so that they would feel more comfortable when I had to take their baby out of the room. I thoroughly explained to them in terms they would understand that I would be listening to their babie's heart and lung sounds, testing reflexes, palpating the fontanels, spine, and skull, etc. Great job! KA

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

Week 5 -4b, d - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. You kept up on your charting and ensured documentation was completed in real time. You provided patient education that was focused on the parents' concerns and answered all of the questions appropriately. KA

Week 6 4d: This week I provided developmentally appropriate teaching on stranger danger to kids ages 6-12 by using terminology that they would be able to understand, making the presentation appealing with visuals appropriate for their age, and adjusting the presentation as needed based on which age group I had. I shared a cartoon video for the younger group, and a video of actual people that was more fitting for the older group. This remained patient/child centered by providing time for them to ask plenty of questions and responding to the questions thoroughly.

***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		
f. Correlate the diagnostic tests with the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	NA												
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	NA												
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	NA												
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	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	S	NA												
	KA	KA	KA	KA	KA													

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

Comments:

Week 5 – 4f, g, h, I, j – You utilized information from your patient's and the mother's charts as well as from your 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.		NA	NA	S	S	S												
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S												
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA												
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA												
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	NA												
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	S	NA												
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	~~S~~ NA	NA												
	KA	KA	KA	KA	KA													

****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 4 – 5a – You had the opportunity to work with Courtney Schmitt, RN in the ER and were marked satisfactory in all areas.

Week 4 – 5g – You satisfactorily completed your CDG questions related to your ER experience. You responded thoughtfully to each question and ensured word count was met. You included an in-text citation and reference supporting your responses. Keep up the wonderful work! KA

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

Week 5 – 5a, c, d, e, f, – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and your excitement was palpable. You were able to see a cesarean delivery while on clinical this week! You also were able to see hearing screenings and the newborn screening (PKU)/heel stick lab draw performed on the newborn. You were also very interactive with the newborn who had primary pulmonary hypertension. You asked multiple questions regarding his care and volunteered to hold and comfort him. 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

Week 5 – 5g – You completed the care map this week for your OB experience versus the CDG questions. 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)***		NA	NA	S	S	S												
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S												
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S												
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S												
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S												
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S												
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	S												
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S												
	KA	KA	KA	KA	KA													

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

Comments:

6.a. week 4 An area for improvement I recognized I had at my clinical was when drawing up a medication from a vial. I accidentally threw the needle cap away, so when I was done drawing up the medication, I was not able to recap the needle to safely remove it. A goal I have for this is to improve my needle safety when drawing up medications by midterm of the semester. I will reach this goal for taking all the opportunities I can at clinicals to practice drawing up medications, including asking for opportunities. Great idea! You can also volunteer to be the medication nurse in simulation to have more practice. KA

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

6a week 5: An area for improvement I had this week was trying to display more confidence in myself when caring for an infant patient. I felt very awkward and nervous when holding a baby or doing any care on the baby because I don't get much exposure to infants. My goal is to display more confidence in caring for infants by my nest OB clinical, and I can accomplish this my practicing with the infant mannequins in sim and any chance I get in the lab or at school. You will gain more confidence in time. I loved your enthusiasm and how you pushed yourself out of your comfort zone by taking multiple opportunities to provide newborn care while you were on clinical. KA

Week 5 – 6c, d, e, f, g, h, I – Your thought process and time management skills have grown from previous semesters. You were very interactive and information seeking throughout the whole clinical experience. 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 6 6a: An area for improvement I recognized this week was being prepared on how to respond to the children's magical and curious thinking. I did not consider how speaking about stranger danger may draw a lot of "what if" responses from the kids, and therefore was surprised when I had to formulate a response for that on the go. My goal to improve this is to improve my communication skills with younger populations by the end of the semester, and I can complete this by reviewing the chapters of the different developmental stages in the book as well as taking any opportunities I get to communicate with children.

Student Name: Mallory Jamison	**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: 5		

	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	You did a nice job listing all the abnormal assessment findings, lab findings, and risk factors for your patient. KA
	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	You did a nice job listing the patient's nursing priorities and highlighting the problem with the highest priority. You set a realistic goal. You highlighted the pertinent information. Consider highlighting the unsuccessful latching in the assessment box since successful breastfeeding can help the uterus contract and prevent PPH whereas in her case that is not occurring. You included pertinent complications and signs and symptoms the nurse should assess for related to your nursing priority. KA
	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	You did a nice job listing all nursing interventions relevant for the nursing priority. Interventions were prioritized, included frequency, were realistic, and were individualized. KA
	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	

	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	You did a great job reassessing all highlighted information in the assessment section. You did not list if you were continuing or discontinuing the patient's plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0	

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: Nice job satisfactorily completing your care map. See comments above for suggestions to improve your care maps in the future. KA

Total Points: 42/45

Faculty/Teaching Assistant Initials: KA

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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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 & 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	KA	KA	KA	KA	KA	KA	KA	KA	KA	
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	S											
Survey	S												
Faculty Initials	KA	KA											
Remediation: Date/Evaluation/Initials	NA	NA											

* 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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dobias (A), Jamison (M), McNeely (A)
GROUP #: 2
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/11/2025 0830-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Notices VS appear to be WNL. Mona CO pain with contractions. Patient requests mountain dew. FSBS 225. Notices UA tested + for THC, glucose. 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.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritizes need for VS, interprets VS to be normal. Interprets need for fetal monitor and to assist patient to left side. Interprets need for FSBS. FSBS 225, interpreted to be high. Interprets BP to be low. Interprets need for fundal massage.
RESPONDING: (1, 2, 3, 5) * • 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	Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Fetal monitor applied, patient assisted to left side. Orientation established. Urine sample sent to lab. Questions patient about GDM, prenatal care. Call to lab for UA results. Dietary education provided. Call to provider with update, provider inquires about prenatal care. Patient questioned about pregnancy history, THC use. Offers counseling. Call to provider with requested information. Orders received for US to verify dates. Requests orders to stop contractions. Orders received for Procardia (nifedipine), acetaminophen, and IV fluids. Water provided to patient. Call to provider to question order for nifedipine. Call to provider to ask for routes for medication. Medications prepared, allergies confirmed, medications administered. IV fluids initiated. Education provided about uses of nifedipine. Call to request US to determine gestation. Questions patient about dizziness. Exposes patient to check for bleeding. Fundal massage initiated. Call to provider to report PPH. Order for methylergonovine (remember to read back orders). Call to patient's wife to update her and request her to come in. Assessment nurse comes in to finish assessment (this would not be an appropriate time to do this). Methylergonovine prepared and administered, Mona educated.

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 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)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: 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 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 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 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

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: _____