

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

**Firelands Regional Medical Center School of Nursing  
Sandusky, Ohio**

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

**Faculty:** Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;  
Rachel Haynes MSN, RN, Brian Seitz, MSN, RN, CNE

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

**METHODS OF EVALUATION:**

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

**Absence: (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

7/11/25 KA

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

**Satisfactory (S):** Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

### UNSATISFACTORY CLINICAL PERFORMANCE

**Needs Improvement (NI):** Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

**Unsatisfactory (U):** Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

### OTHER

**Not Available (NA):** The clinical experience which would meet the competency was not available

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

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Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
09/12/2025	Risk for infection	S/BS	NA	NA

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
<b>Competencies:</b>		S	NA	S	S	NA												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	S	S	NA												
b. Provide care using developmentally appropriate communication.		S	NA	S	S	S												
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	S	NA	NA												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	S	NA	NA												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	S	S	S												
<b>Clinical Location Age of patient</b>		ER 36	NA	Fisher Titus OB 23 year old mom, 1 day old	Belleve high school h/v	Boys and girls K-6 <sup>th</sup>												
		BS	BS	BS	BS													

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

**Comments:**

Week 2: My patient this week was in the 7<sup>th</sup> stage of Erikson's development because of her age range, and she was exhibiting stagnation in life. She was a 36-year-old female with no kids who lived at home with her mother. Her only involvement in the community was her job. BS

Week 2- 1a- Colleen, you did a nice job discussing your patient you took care of during your ER clinical experience and the reason for her ER visit. Great job also of discussing the care that was provided to her in the emergency room. BS

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

Week 4: My patient was experiencing trust vs mistrust. I chose this stage because one of my patients was a newborn baby boy who is learning how to trust and depend on his mother to feed and take care of him. BS

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

Week 5: This week we did hearing and vision at the Bellevue high school their Erikson's stage is identity vs role confusion. I chose this because we were dealing with adolescent children who are learning who they are and making their own decisions on what they believe. BS

Week 5 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 6: This week we were at boys and girls club and their Erikson's development was industry vs inferiority. I chose this because we were dealing with young kids ages 6-12 and they are learning social skills and how to be a little more independent from their parents.

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	S	NA	NA												
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	S	NA	NA												
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	S	NA	NA												
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	S	NA	NA												
j. Identify various resources available for children and the childbearing family.		NA	NA	S	S	NA												
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	S	S	S												
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	S	NA	NA												
		BS	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 2- 1k- You did a nice job discussing a cultural implication that should be considered when planning care for patients. The issue of pronouns has been given a lot of attention in recent years. It seems younger people are much more comfortable discussing the issue, whereas many older folks are not so comfortable with it. BS  
 Week 4: 1(f-i) We discussed the changes in a woman's body during pregnancy. We discussed the benefits of skin to skin and bonding with newborn and mother. We were able to discuss some of the prenatal choices one of the mothers made that could have had an impact on her newborn, such as being small for gestational age. 1(k, l)- You were able to provide care while also valuing the patient's values and beliefs. We discussed circumcisions and the choice both mothers made to circumcise their children while in the hospital. RH

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

Week 5 – 1j, k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture as well as resources available for children with hearing and vision deficits in the community. KA

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

Week 2: A SDOH for my patient was that she cannot drive. This causes an issue with transportation because she must rely on others to get to work, and she has to rely on others to take her to get her medications from the pharmacy. **Good one. Transportation is something that many of us take for granted, but is a very real issue for those without access to it. BS**

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

Week 4: My patient had positive SDOH and they include having a full time job, she had insurance to help cover the hospital bill, she has full transportation to get to and from follow up appointments and she is educated on how to care for a newborn baby. **Good for her! BS**

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

Week 5: Some SDOH that some of the students could have include not being able to afford glasses or contacts due to financial strain, Some students may not be able to go to a follow up appointment due to lack of transportation, and some students may be able to afford glasses and contacts and have health insurance for follow up appointments. **All good examples, Colleen. BS**

Week 5 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. **Nice job! KA**

Week 6: Some SDOH that some of the students could have include lack of transportation due to parents having to work and not being able to pick them up. Lack of after school childcare due to financial struggles and not being able to pay for a babysitter while they're at work. This program is good for children whose family may struggle with after school childcare because they get an extra meal after school and they can stay until someone can come pick them up so that they're not home alone.

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

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

**Comments:**

Week 2: another patient I seen in the ER had overdosed this raises a ethical and legal issue because it could have been a suicide attempt and the patient may not have wanted to be brought back, but it is the ethical thing as a nurse to do. This would impede on the patient's autonomy to make their own decisions. **Great example, Colleen. This issue comes up every so often when patient's code and they haven't made their wishes clear. BS**

Week 4: a ethical and legal issue I noticed on clinical was my baby patient was not breathing when he was born so they had to place him on a cpap machine for 15 minutes this caused him to get air around his heart and caused some collapsed alveoli in the lungs, and he had to be transferred to a bigger hospital. The nurses did the ethical thing to help the baby survive, but the legal portion is who is going to be responsible for the bill the parents or the hospital since the nurses did the ethical thing but it ended up causing harm to the baby. **This is a great example, Colleen. I hope he is OK! BS**

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

Week 5: One example of an ethical and legal issue that could happen in the school is having a dangerous person come in. Bellevue has no security to their entrances and we were just able to walk right into their school where all the other students walked in. School nurses and teacher have the ethical responsibility to protect the kids from any harm, but from a legal stand point they do not have any extra security devices to help make sure that no one gets in who isn't supposed to. **Great example! Many schools have some security measures in place, but not all I guess. BS**

Week 5 – 3a, b, c – You were professional and considerate with all the screenings you provided. You made sure to keep student privacy and follow HIPPA regulations throughout the day. You also maintained all the standards in the FRMCSN code of conduct while at the school. **KA**

Week 6: One example of ethical and legal issue that could arise from this after school program is that they are legal mandatory reporters. While they are at the boys and girls club the teachers must watch the kids and make sure that they are safe and, in some circumstances, and they may have to report a case of child abuse or neglect that a child reports to them. Ethically they know this is the right thing to do., but some people do not want to get involved in the situation, so it becomes an ethical and legal issue.

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

**Week 2: one piece of patient education I provided to my patient was the effects that morphine and oxycodone can have on her body after she takes them as prescribed. I also educated her on straining her urine at home because she had a kidney stone, and to finish all her antibiotics for her UTI. I used skyscape as my resource. Way to go, Colleen! BS**

**Week 2- 4a,c- Great job providing a list of interventions you and your nurse completed while taking care of patients. You also did a nice job discussing an example of patient advocacy you witnessed while on clinical. BS**

**Week 4: I educated my patient on proper hygiene and how to take care of her peri area to prevent infection. I showed her how to use the peri bottle and how to use the lidocaine spray. BS**

**Week 4- 4a- Great work on your care map, Colleen. Please see rubric below for feedback. BS**

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

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

Week 5: One thing I educated many of the students on was to wear their glasses. Many of the students said that they do have glasses, but they either lost them or do not wear them. I told them it is important to wear their glasses so that they can see better in class and if they are old enough to drive it is important to wear them while they are driving. Yes, very important. Not wearing glasses when needed can cause unnecessary stress on the eyes, potentially making vision worse. BS

Week 5 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6: This week we taught the kids about stranger danger. We went over how to point out a dangerous stranger and how to report an incident if something occurs. We also taught them what to do if they encounter a stranger that makes them feel unsafe.

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

Week 2- 4f,g,h- You did a nice job discussing the diagnostic and medical treatments that were performed for your patient(s). Nice job also explaining the medications administered to your patient and their role in treating her priority problems. BS

Week 4: 4(h-j)- During the clinical day you were able to complete a care map that discussed the patient's diagnostic tests, medications, and medical treatment. You were able to correlate the multiple attempts at an epidural for your patient with an increased risk for infection due to the number of times it took to place the epidural. RH

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		S	NA	S	S	S												
b. Evaluate own participation in clinical activities.		S	NA	S	S	S												
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	S	S	NA												
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	NA	NA												
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	S	NA	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	NA												
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA S	NA	NA												
		BS	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 2- 5f- Nice work on your SBAR report, Colleen. You provided pertinent information, giving the next nurse a clear picture of what is going on. Had she not been about to go home, I would just suggest to include any allergies and code status. BS

From your assigned nurse in the ER: Colleen Camp; marked excellent in all areas. A. Ernsberger, RN.

Week 4: I gave myself an NA for the CDG because I did a care map this week instead of the questions. (the care map counts as your CDG this week) BS

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

Week 4: 5(a, b, c, g)- This week you showed excitement about being able to see the c-section. Though you seemed nervous for the newborn assessment, you did great with minimal prompting of what to do next. You were able to professionally communicate with the staff on the unit. RH

Week 5 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. KA

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	S												
b. Accept responsibility for decisions and actions.		S	NA	S	S	S												
c. Demonstrate evidence of growth and self-confidence.		S	NA	S	S	S												
d. Demonstrate evidence of research in being prepared for clinical.		S	NA	S	S	S												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	NA	S	S	S												
f. Describe initiatives in seeking out new learning experiences.		S	NA	S	S	S												
g. Demonstrate ability to organize time effectively.		S	NA	S	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	S												
i. Demonstrates growth in clinical judgment.		S	NA	S	S	S												
		BS	BS	BS	BS													

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

**Comments:**

Week 2: One thing I could improve on is being a little faster with my critical thinking, like knowing what each med does and why it is prescribed to my patient without having to look up every medication. To help with this I will review my medication templates and make sure I am prepared to answer medications by my next clinical. That's understandable, Colleen! Over time you will become familiar with many of the commonly prescribed medications. Just keep in mind there are over 20,000 of them, and no one can be familiar with them all. This is why resources like Skyscape are so beneficial. BS

Week 4: One thing I could improve on is my newborn assessment and remembering all of the reflexes I need to check for. To improve my assessment I will watch Kellys newborn assessment video 3 times before my next clinical. **Great plan, repetition helps a lot! BS**

Week 4: 6(c, e, f, g)- You began to not feel the best in the c-section, but you were able to identify that and remove yourself from the situation, great job! You maintained professional behavior while on clinical throughout the day. During the clinical day, you asked good questions to further your knowledge of the pregnant and postpartum patient. You were able to organize you time efficiently to care for your patient as well as see births during the day. **RH**

Week 5: One thing I can work communication with the students when giving them directions. I feel like sometimes my directions were not clear when I asked them to read the chart because some of them read the chart backwards when I asked them to read the line. To improve my communication I will participate more in lecture and ask 2 questions before my next clinical. **BS**

Week 5 – 6c, d, e, f, g, h, I – 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 hearing and vision screenings and documenting the findings on the provided forms. You delivered all your care with and ACE attitude. **Terrific job! KA**

Week 6: One thing I can improve on educating and knowing how to respond to magical thinking and figuring out how to change the way I speak based off the different age groups. To do fix this I will review my Erikson’s and read in the book for tips to improve how to teach the kids in different age groups before my next clinical.

Student Name: <b>C. Camp</b>		Course Objective: <b>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)*</b>					
Date or Clinical Week: <b>Week 4</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) <b>*provides explanation if &lt; 7</b>	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Several abnormal findings were identified and listed. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for infection.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) <b>*provides explanation if &lt; 3</b>		(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*) <b>*provides explanation if &lt; 5</b>	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpre</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Eight high priority nursing problems were identified. Risk for infection was selected as the top priority problem. Relevant
	5. State the goal for the top nursing priority.	<b>Complete</b>			<b>Not complete</b>	3	

<b>ting</b>	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	assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and a rationale. All listed interventions were individualized and realistic to the patient situation.
	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	
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	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.

<p>Total Possible Points= 45 points  45-35 points = Satisfactory  34-23 points = Needs Improvement*  &lt; 23 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</b></p> <p><b>Faculty/Teaching Assistant Comments: Colleen, Great work on your care map! BS</b></p>	<p><b>Total Points: 45/45 Satisfactory BS</b></p>
	<p><b>Faculty/Teaching Assistant Initials: BS</b></p>

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

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (*1, 2, 3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 10/20
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	
<b>Remediation:</b> 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

<b>Simulation Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Simulation</b>												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	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	<b>S</b>	<b>U</b>											
Survey	<b>S</b>												
Faculty Initials	<b>BS</b>	<b>BS</b>											
<b>Remediation:</b> Date/Evaluation/Initials	<b>NA</b>	<b>S</b> 9/28 <b>BS</b>											

\* Course Objectives

Comments:

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

vSim Objectives

9/22/2025 vSim Maternity Case 1

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

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

10/6/2025 vSim Maternity Case 4

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

11/3/2025 vSim Pediatric Case 3

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

\*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

\* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (A), Collins (M)

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>						<p>Noticed VS appear WNL. Notices rhythm on fetal monitor. Patient requests drink, states she is peeing a lot. Notices contractions on fetal monitor, and that they should not occur at 33 weeks. Inquires about pain. Recognizes need for FSBS. UA results obtained, THC present.</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. VS reassessed.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        A        D        B</li> <li>• Making Sense of Data:        E        A        D        B</li> </ul>						<p>Prioritizes need for VS, interprets VS to be normal. Interprets accelerations on fetal monitor. Interprets need to reposition patient. Prioritizes need for FSBS. Interprets BS of 225 to be high.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. VS assessed. Interprets need to weigh pads. BP interpreted to be improving.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E        A        D        B</li> <li>• Clear Communication:        E        A        D        B</li> <li>• Well-Planned Intervention/   Flexibility:                    E        A        D        B</li> <li>• Being Skillful:                E        A        D        B</li> </ul>						<p>Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Inquires about pregnancy history/complications-gestational diabetes. Patient asks for a mountain dew and cheeseburger. Call to HCP to update. Call to HCP to report FSBS, HCP inquires about prenatal care. Questions patient about prenatal care and diet R/T gestational diabetes. Education provided about the importance of prenatal care while pregnant. Call to HCP to report</p>

	<p>lack of prenatal care. Orders received for IV fluid, Nifedipine, US to verify due date, acetaminophen. Call to obtain US. Medications prepared, allergies confirmed, patient questions blood pressure medication. Call to HCP to question nifedipine order, clarification provided. Nifedipine prepared and administered. IV fluids initiated. Call to HCP to report results of UA, ordered to provide education about THC use. Education provided.</p> <p>Calls for help when bleeding is discovered. Call to HCP to report PPH. Order received for methylergonovine. Assessment nurse initiates conversation with patient while massaging fundus. Allergies confirmed, methylergonovine administered.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> </ol>	<p><b>You are Satisfactory for this scenario! BS</b></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</p>

<p>2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)*</p> <p>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>*Course Objectives</p>	<p>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>
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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: \_\_\_\_\_